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County Council of Salop

ANNUAL REPORT

of the

County Medical Officer of Health

1952

T. S. HALL, M.D., D.P.H.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

September, 1953



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INDEX

	<i>Page</i>		<i>Page</i>
Abortions	15	Medical Officers of County Districts	84
Ambulance Service	44	Medical Practitioners' Fees	27
Area	8	Mental Deficiency Acts	42
B.C.G. Vaccination	35	Mental Health Service	41
Birth Control Clinic	18	Midwifery Service	24
Births	8, 9, 15	Milk in Schools Scheme	65
Blind Persons	60	Nurseries and Child Minders Regulation Act	60
Cancer	10	Nursing Homes	59
Care and After-Care	34	Ophthalmia Neonatorum	18
Care of Mothers and Young Children	15	Pemphigus	28
Child Welfare Centres	17, 18	Pasteurised Milk	66
Civil Defence	49	Pethidine	28
Deaths	8, 9	Poliomyelitis	12
Dental Treatment	21	Population	8, 9
Diphtheria Immunisation	51	Premature Births	15
District Medical Officers of Health	69	Prevention of Illness, Care and After-Care ..	34
Domestic Help Service	55	Puerperal Pyrexia	28
Dysentery	13	Rateable Value	8
Food and Drugs Acts	61	Recuperative Convalescence	40
Food Poisoning	13	Review of Local Health Services	85
Gas/Air Analgesia	28	Rural Water Supplies and Sewerage Acts ..	71, 72
Health Committee	5	Sanitary Circumstances	69
Health Propaganda	40	Sewage Effluents	81
Health Visiting	32	Sewerage and Sewage Disposal Schemes ..	72
Home Nursing	31	Small Dwellings Acquisition Acts	68
Housing	66	Staff	6
Ice Cream	63	Sterilised Milk	66
Illegitimate Children	19	Stillbirths	15
Immunisation—Diphtheria	51	Tuberculosis	34
Immunisation—Whooping Cough	55	Tuberculous Milk	63
Infant Mortality	8, 10	Unmarried Mothers	19
Infectious Diseases	12	Vaccination	50
Lunacy and Mental Treatment Acts	42	Venereal Diseases	14
Marriages	9	Virus Infections during Pregnancy	18
Maternal Deaths	27	Vital Statistics	8, 9
Maternity Cases—Admission to Hospital ..	30	Water Supply Schemes	71
Maternity Outfits	29	Whooping Cough Immunisation	55

TO THE CHAIRMAN AND MEMBERS OF THE SALOP COUNTY COUNCIL

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health Services of the Council for the year 1952. During the whole of that period Dr. William Taylor was, of course, your Medical Officer of Health and the work of the Health Department was under his guidance.

The special survey of the Local Health Services provided by the Council under the National Health Service Acts, which was required by the Minister of Health and was submitted to him in March, 1953, is appended to this Report.

The Birth Rate in the County of 15.8 exceeded the rate of 15.68 for 1951, and the National figure for 1952 of 15.3 per thousand population.

The Infant Mortality Rate of the County for 1952 of 24.63, approached the 1950 figure of 24.4, the lowest ever recorded. The National figure for 1952 was 27.6.

Of the 115 deaths of infants under one year 61 occurred within the first week of life, and included many infants prematurely born or suffering from congenital malformations.

Of the 325 premature births 276, or 85 % survived the first four critical weeks and had good expectation of attaining maturity.

The Death Rate at 10.49 was less than the National figure of 11.3.

The Death Rate for Pulmonary Tuberculosis of 0.13 per thousand population was the lowest ever recorded for Shropshire.

The figure for new cases notified was about the same as for a couple of decades. This is not surprising in view of the improvements, notably mass miniature radiography, which lead to earlier diagnosis with its better prospect of cure.

For *all* forms of Tuberculosis, the County Death Rate figure of 0.16 per thousand population compares with the National figure of 0.24.

The enthusiasm of the Chest Physicians and their close collaboration with the Council's preventive and after-care services are encouraging.

The Ambulance Service made 24,401 journeys carrying 41,250 patients in 1952, as compared with 16,952 journeys carrying 21,926 patients in 1949. The figure of "miles-per-patient" fell from 28.4 to 19.0 during the same period and the service has been most economically run.

A depressing feature of the year was the difficulty experienced in recruiting and maintaining proper professional staff.

At the end of 1952 the Assistant Medical Officers numbered less than 9 against an approved establishment of 12; the Chief Dental Officer had 2 Assistants instead of his approved establishment of 10; and the Superintendent Nursing Officer had 1 Assistant instead of 4.

Health Visitors were the equivalent of 36 whole-time staff, against the approved establishment of 52.

It is difficult to carry out the statutory duties imposed on the Council under these conditions, and pleasant to report that recruitment seems more hopeful at the time of writing.

On the environmental side, a number of the reports received during 1952 on sewage effluents throughout the County must cause serious concern. Development of satisfactory conditions seems likely to be delayed in view of the high cost of new works, and it is difficult to suggest effective interim remedies.

Brief allusion is made at the end of the Report to the discussion, during 1952, of the important problems of trying to correlate the "environmental" (or sanitary) services performed by Medical Officers of Health of County Districts, with the "personal" health services for which the County Council are responsible. Progress towards an effective scheme appears, at the time of writing, to be promising.

In this, the first Annual Report which bears my name, I am glad to thank all the Health Department staff who welcomed me so kindly, and to pay tribute to their efficiency and loyalty to the Council and the public whom we serve.

The work of the Health Department and my early days here have been made the pleasanter by the cheerful and ready help afforded by the other Departments at all times.

In conclusion, I wish to express the appreciation of the Department to the Council for the interest they have taken in our work. To the members of the Health Committee and Sub-Committees I am most grateful for their kindness, encouragement, and considerate administration.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.

September, 1953.

HEALTH COMMITTEE, 1952

CHAIRMAN:

ALDERMAN T. O. STEVENTON (Resigned 21st June, 1952)

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt. (Oxon.) (Appointed 21st June, 1952)

VICE-CHAIRMAN:

ALDERMAN THE VISCOUNTESS BOYNE, C.B.E., J.P., LL.D. (Appointed 27th September, 1952)

ALDERMEN:

BLACK, CAPTAIN R. A., J.P., D.L.

HEYWOOD-LONDSALE, LT.-COL. A., M.C., J.P., D.L.

JONES, T., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Baronet, J.P., D.L.
(Chairman of Council)

WARD, T. C.
(Vice-Chairman of Council)

COUNCILLORS:

BOWEN, R. A., J.P.

CAMBIDGE, R. O.

CROFT, E. H.

EDWARDS, F. G., J.P.

FORESTER, THE LORD

HAMAR, DR. L. A.

JONES, A. H., J.P.

JONES, J. R. RHAIADR

LANE, CAPTAIN W. G., T.D.

MORGAN, J. C.

MORRIS, MRS. E. L., J.P.

STEPHENS, MRS. I. E.

THOMAS, E. B., J.P.

WARD, A. W.

WOOD, A. J.

WORRALL, J. N.

WRIGHT, REV. E. E., F.R.A.S.

CO-OPTED MEMBERS:

COCK, MRS. E. M., J.P.

CHOLMONDELEY, MRS. V. M., J.P.

IRELAND, DR. J. A.

URWICK, DR. R. H.

WESTON, F., J.P.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer of Health and School Medical Officer :

WILLIAM TAYLOR, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer :

WILLIAM HALL, M.B., M.R.C.S., D.Obst., R.C.O.G., D.P.H.

Assistant Medical Officers of Health:

KATHLEEN PRIESTLEY, L.M.S.S.A.

MABEL N. JUDD, M.B., Ch.B.

CATHERINE B. McARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN M. BALL, M.B., B.Ch., B.A.O.(Dub.), D.P.H.

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

*ROBERT K. HAY, M.D., B.Ch., B.A.O., D.P.H. (resigned 30th June, 1952).

AGNES D. BARKER, M.B., Ch.B.

‡PETER G. ROADS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (appointed 18th August, 1952)

FLORA MACDONALD, M.B., B.S., D.P.H. (appointed 12th May, 1952)

LILIAN JOAN KENT, M.R.C.S.(Eng.), L.R.C.P.(Lond.) (temporary appointment, commenced duty 1st September, 1952).

Senior Dental Officer:

GERALD R. CATCHPOLE, L.D.S., R.C.S.Eng.

Assistant Dental Officers:

BERNARD SCHARF, M.D. (Vienna) (part-time).

GEORGE B. WESTWATER, L.D.S., R.C.S.

MARGARET I. JOHNSTON, L.D.S. (resigned 31st October, 1952).

PETER DUFFIELD, B.D.S. (appointed 1st April, 1952).

JEAN W. PATTISON, L.D.S. (appointed 26th February, 1952; resigned 31st October, 1952).

County Sanitary Inspector:

HAROLD MALLINSON, Cert. R.S.I.

County Ambulance Officer:

WALTER WALKER.

Superintendent Nursing Officer and Inspector of Midwives:

MISS DOROTHY STANSFELD, S.R.N., S.C.M., H.V. (resigned 10th February, 1952).

MISS MARGARET M. FOSTER, S.R.N., S.C.M., H.V. (appointed 28th July, 1952).

Deputy Superintendent Nursing Officer:

MISS EVELYN R. ENTWISTLE, S.R.N., S.C.M., H.V. (resigned 30th November, 1952).

*Temporary (part-time) Medical Officer of Health for the Borough of Shrewsbury.

‡Part-time Medical Officer of Health for the Borough of Shrewsbury, 18th August, 1952.

Assistant Superintendent Nursing Officers:

MISS RITA M. HUGHES, S.R.N., S.C.M., H.V.

MISS MARGARET F. GIBSON, S.R.N., S.C.M., H.V. (resigned 6th December, 1952).

Psychiatrist (Part-time):

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Worker:

KATHLEEN CARPENTER.

Speech Therapists:

AALISH MARY GAWN, L.C.S.T.

EDWARD PAULETT, L.C.S.T. (appointed 3rd March, 1952).

Principal Duly Authorised Officer:

ERNEST A. R. WARD.

Duly Authorised Officer:

CHARLES T. FRANCIS.

NURSING STAFF EMPLOYED BY THE COUNTY COUNCIL

The following are particulars of the Nursing Staff in the employment of the County Council:—

	31st December			
	1949	1950	1951	1952
Superintendent Nursing Officer	1	1	1	1
Assistant Superintendent Nursing Officers	2	2	3	1
Health Visitors and School Nurses ..	27	29	27	27
Home Nurse-Midwives	74	77	77	77
Home Nurses	8	8	7	8
Midwives	6	5	5	5
Relief Nurses—whole-time	7	4	5	3
part-time	3	—	1	—

[illegible]

Rateable Value (as at 1st April)	£1,419,259	£1,447,432
Estimated Product of a penny rate (as at 1st April)	£5,654	£5,750

[illegible][illegible][illegible][illegible]

Birth-rates, Death-rates and Analysis of Mortality in 1952

	Birth rate per 1,000 population		Death rate per 1,000 population							Rate per 1,000 live births	
	Live Births	Still Births	All causes	Whooping Cough	Tuberculosis	Influenza	Acute poliomyelitis (including polioencephalitis)	Pneumonia	Diarrhoea and Enteritis (under two years of age)	All causes (under one year of age)	
England and Wales	15.3	0.35	11.3	0.00	0.24	0.04	0.01	0.47	1.1	27.6	
160 County Boroughs and Great Towns (including London) ..	16.9	0.43	12.1	0.00	0.28	0.04	0.01	0.52	1.3	31.2	
160 Smaller Towns, estimated Resident Population 25,000 to 50,000 at 1951 Census ..	15.5	0.36	11.2	0.00	0.22	0.04	0.00	0.43	0.5	25.8	
London Administrative County	17.6	0.34	12.6	0.00	0.31	0.05	0.01	0.58	0.7	23.8	
Shropshire	(a) 15.8 (b) 17.5	0.37	(a) 10.49 (b) 10.49	0.01	0.16	0.06	0.00	0.34	0.43	24.63	

(a) Crude rate

(b) Standardised rate

VITAL STATISTICS

Population.—The mid-year estimated population of the County in 1952 was 295,500 (inclusive of members of the Armed Forces serving within the County); this figure is used for the calculation of birth-rates and death-rates.

Marriages.—The number of marriages in 1952 was 2,122—a decrease of 164 as compared with the previous year.

Births.—The number of live births in 1952 was 4,670—an increase of 67 as compared with the previous year.

The birth-rate per thousand of the population was 15.80—an increase of 0.12 as compared with 1951.

The birth-rate for England and Wales in 1952 was 15.3 per thousand of the population.

Deaths.—There were 3,100 deaths in the County in 1952—a decrease of 619 as compared with the previous year.

The death-rate per thousand of the population was 10.49—a decrease of 2.18 as compared with 1951.

The death-rate for England and Wales in 1952 was 11.3 per thousand of the population.

Principal Causes of Death:

							1951	1952
Bronchitis	..	..	..	..	..	..	203	121
Cancer	..	..	..	..	..	..	502	480
Heart Disease	..	..	..	..	..	..	1,276	1,057
Other Circulatory Diseases	..	..	..	..	..	..	148	128
Influenza	..	..	..	..	..	..	183	17
Nephritis and Nephrosis	..	..	..	..	..	..	39	35
Pneumonia	..	..	..	..	..	..	125	99
Tuberculosis—Respiratory	..	..	..	..	..	..	53	37
„ Other forms	..	..	..	..	..	..	10	9
Vascular lesions of nervous system	..	..	..	..	..	..	513	503

Cancer.—In 1952 the number of deaths from Cancer was 480—a decrease of 22 as compared with the previous year.

The death-rate per thousand of the population was 1.62—a decrease of 0.09 as compared with the previous year.

Deaths from Cancer during 1951 and 1952

Age Group		1951			1952		
		Males	Females	Total	Males	Females	Total
Under 15 years	..	1	—	1	—	—	—
15 to 45	..	16	33	49	14	8	22
45 to 65	..	77	93	170	75	86	161
Over 65	..	158	124	282	158	139	297
TOTAL	..	252	250	502	247	233	480

Infant Mortality.—In 1952 the number of children who died before reaching the age of twelve months was 115—a decrease of 25 as compared with the previous year.

The infant mortality rate, expressed as a rate per thousand live births, was 24.63 in 1952; a decrease of 5.78 compared with that for 1951.

The corresponding rate for England and Wales in 1952 was 27.6 per thousand live births.

Below, in tabular form, are particulars of the causes of death in respect of those infants who died in 1951 and 1952 before attaining the age of one year.

Infant Deaths during 1951 and 1952—Causes

Cause	1951			1952			Increase or Decrease	
	Males	Females	Total	Males	Females	Total		
Tuberculosis—respiratory	—	—	—	—	1	1	+	1
Pneumonia	10	7	17	9	9	18	+	1
Syphilitic disease	—	—	—	—	1	1	+	1
Tuberculosis—non-respiratory ..	1	—	1	1	—	1		0
Gastritis, enteritis and diarrhoea ..	2	—	2	2	—	2		0
Bronchitis	3	1	4	1	2	3	—	1
Whooping cough	—	1	1	—	—	—	—	1
Leukaemia	1	—	1	—	—	—	—	1
Nephritis and nephrosis	1	—	1	—	—	—	—	1
Congenital malformations	12	10	22	12	8	20	—	2
Other respiratory diseases	—	2	2	—	—	—	—	2
Meningococcal infections	1	2	3	—	—	—	—	3
Influenza	3	1	4	—	—	—	—	4
Accidents, other than motor vehicle ..	6	2	8	1	2	3	—	5
Other defined and ill-defined diseases	52	22	74	43	23	66	—	8
TOTAL ..	92	48	140	69	46	115	—	25

The importance of care in the early weeks and months of life is emphasized by the particulars given in the following table, which show that, of the 115 children in this County whose deaths were recorded before reaching one year of age, 75 or 65.2 per cent. died in the first month of life.

Infant Deaths during 1951 and 1952—Age Groups

Age Group	1951		1952	
	Deaths	Percentage	Deaths	Percentage
Under 1 day	32	22.8	32	27.8
1 day—1 week	36	25.7	29	25.2
1 week—1 month	18	12.9	14	12.2
1 month—3 months	30	21.4	13	11.3
3 months—6 months	12	8.6	16	13.9
6 months—9 months	8	5.7	5	4.4
9 months—12 months	4	2.9	6	5.2
TOTAL ..	140	100	115	100

The following table summarises the position, with regard to the various matters so far referred to, in each of the years from 1935 to 1952:—

Year	Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1935	3,610	14.92	3,016	12.47	594	46	1.736
1936	3,648	15.08	3,186	13.17	462	46	1.695
1937	3,779	15.69	3,236	13.44	543	51	1.852
1938	3,690	15.28	3,070	12.72	620	47	1.901
1939	3,800	15.52	3,226	12.93	574	48	1.767
1940	4,102	15.95	3,654	14.21	448	48	1.761
1941	4,489	16.26	3,426	12.37	1,063	44	1.726
1942	4,840	18.00	2,973	11.05	1,867	45	1.680
1943	4,915	18.80	3,186	12.24	1,729	36	1.893
1944	5,203	20.02	2,969	11.4	2,234	34	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	2,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.898
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.666
1951	4,603	15.68	3,719	12.67	884	30.41	1.710
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.62

INFECTIOUS DISEASES

The statistical table on page 13 summarises the notifications of infectious diseases which were received during the year 1952.

Acute Poliomyelitis.—The number of cases of Acute Poliomyelitis (infantile paralysis) occurring in this County showed an increase, 27 cases being notified in 1952, as compared with 13 in the previous year.

The following table shows the yearly incidence of, and deaths from, this disease during the 15 years up to and inclusive of 1952:—

Notifications of, and Deaths from, Acute Poliomyelitis from 1938 to 1952

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifications	8	15	4	4	1	5	10	13	5	32	13	10	62	13	27
Deaths	1	2	2	2	—	—	1	1	—	2	2	1	11	1	—

Food Poisoning.—Section 17 of the Food and Drugs Act, 1938, requires Medical Practitioners to notify District Medical Officers of Health of cases of food poisoning occurring within their practices, but not until January, 1949, was this condition included in the list of infectious diseases which are required to be notified in the weekly returns submitted by District Medical Officers to the Registrar General.

During 1952, the number of cases of food poisoning notified was 20, and these, being isolated cases, did not give cause for any special investigation or report.

Dysentery.—The number of cases of Dysentery notified during 1952 was 116, compared with 228 cases during the previous year.

Return of Cases of Notifiable Infectious Diseases during the year 1952

SANITARY DISTRICTS	Population (Estimated Mid-1952) 295,500	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis	Acute Encephalitis Lethargica	Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Enteric Fever (Typhoid and Paratyphoid)	Erysipelas	Food Poisoning	Undulant Fever	Infective Hepatitis	Weil's Disease	Malaria
RURAL ..	154,000	149	427	—	1150	79	6	21	—	39	2	9	2	6	12	1	3	—	—
URBAN ..	141,500	88	251	1	927	97	9	6	—	77	4	15	—	11	8	—	—	—	1
Total for 1952 ..		237	678	1	2077	176	15	27	—	116	6	24	2	17	20	1	3	—	1
Total for 1951 ..		155	1308	—	3729	205	9	13	2	228	6	33	2	23	11	5	2	1	—
Increase or Decrease ..		+82	—630	+1	—1652	—29	+6	+14	—2	—112	0	—9	0	—6	+9	—4	+1	—1	+1

VENEREAL DISEASES

The Venereal Diseases Clinics at Shrewsbury and Oswestry, formerly the responsibility of the County Council, but now included in the Hospital and Specialist Services, were transferred on 5th July, 1948, to the Birmingham Regional Hospital Board, and are administered by the Shrewsbury Group Hospital Management Committee (Group No. 15).

The particulars which are set out in the table below of the attendance of Shropshire cases at the Shrewsbury and Oswestry Clinics during 1951 and 1952 have been made available by Dr. J. P. G. Rogerson, Medical Officer in charge.

Particulars are also given of the attendance during 1951 and 1952 of Shropshire cases at other clinics outside this County.

Shropshire Cases treated at the Venereal Diseases Clinics during 1951 and 1952

	New Cases						All Cases						Attendances					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
SHREWSBURY CLINIC																		
Syphilis ..	12	6	6	5	18	11	103	89	81	77	184	166	1056	783	605	516	1661	1299
Gonorrhoea ..	9	15	2	3	11	18	34	35	4	6	38	41	65	135	7	23	72	158
Other Conditions ..	111	85	36	35	147	120	140	116	53	56	193	172	393	354	96	96	489	450
TOTAL ..	132	106	44	43	176	149	277	240	138	139	415	379	1514	1272	708	635	2222	1907
Increase or Decrease ..		—26		—1		—27		—37		+1		—36		—242		—73		—315
OSWESTRY CLINIC																		
Syphilis ..	—	—	2	—	2	—	11	7	16	16	27	23	46	37	134	137	180	174
Gonorrhoea ..	—	1	—	1	—	2	—	1	—	1	—	2	—	4	—	9	—	13
Other Conditions ..	6	10	6	3	12	13	10	12	8	5	18	17	26	15	14	5	40	20
TOTAL ..	6	11	8	4	14	15	21	20	24	22	45	42	72	56	148	151	220	207
Increase or Decrease ..		+5		—4		+1		—1		—2		—3		—16		+3		—13

New Cases from Shropshire treated at Out-County Clinics during 1951 and 1952

Clinic	Syphilis		Gonorrhoea		Other Conditions		Total	
	1951	1952	1951	1952	1951	1952	1951	1952
Liverpool ..	—	—	—	1	5	3	5	4
Stoke-on-Trent ..	1	—	1	—	—	—	2	—
Wolverhampton ..	—	3	1	1	16	15	17	19
Wrexham ..	2	1	1	1	1	1	4	3
TOTAL ..	3	4	3	3	22	19	28	26

National Health Service Act, 1946—Section 22

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of the County Council, as Local Health Authority, to make arrangements for the care, including the dental care, of expectant and nursing mothers, and of children who have not attained the age of five years and are not in attendance at school.

Notification of Births.—Particulars are given in the following table of the notifications of births, in the County as a whole, which were received during 1952, with corresponding figures for the preceding three years:—

Notifications of Births for the years 1949 to 1952

Year	Live Births	Stillbirths	Total
1949	4,947	107	5,054
1950	4,734	102	4,846
1951	4,602	122	4,724
1952	4,715	114	4,829

Premature Births.—For statistical and other purposes infants not exceeding 5½ lb. in weight at birth are regarded as “premature,” irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1952, whose mothers were normally resident in this County, together with corresponding figures for the preceding three years:—

Premature Infants born during the years 1949 to 1952

Year	BORN				DIED			Alive after 28 days	Survival Rate
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 7th day	Between 8th and 28th day		
1949	111	209	18	338	36	19	1	282	83.1%
1950	114	200	16	330	31	16	3	280	84.8%
1951	91	197	9	297	17	24	6	250	82.2%
1952	99	211	15	325	29	16	4	276	84.9%

Stillbirths and Abortions.—Following consideration by the World Health Organisation of the question of prematurity and foetal deaths, the Ministry of Health in 1951 asked Local Health Authorities to supply, for purposes of comparison with the weights of live premature infants, detailed information with regard to premature births, stillbirths, and abortions which take place between the eighteenth and twenty-eighth week of gestation.

This information, with the exception of that relating to abortions, was again requested by the Ministry for 1952 and, as was the case in the preceding year, medical practitioners, domiciliary midwives and midwives practising in private nursing homes in this County continued to provide appropriate particulars with regard to such cases. The statistics in this way obtained are summarised in the following tables, the figures for 1951 being repeated for purposes of comparison.

Stillbirths and Abortions during 1951 and 1952

	Stillbirths				Abortions of 18 to 28 weeks gestation	
	5½ lb. or less		Over 5½ lb.		1951	1952
	1951	1952	1951	1952		
At home	15	14	27	25	15	18
In Private Nursing Homes ..	2	—	11	2	—	—
TOTAL ..	17	14	38	27	15	18

Birth and Foetal Weights during 1951 and 1952

Weight (lb. ozs.)	Premature Infants Born Alive																			
	Still-births		Abor-tions		At Home								In Private Nursing Homes							
					Total		Trans-ferred to Hospital		Died within 28 days		Alive after 28 days		Total		Trans-ferred to Hospital		Died within 28 days		Alive after 28 days	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
2 lb. 3 ozs. or less	3	1	9	14	3	3	3	3	3	—	—	—	—	—	—	—	—	—	—	—
Over 2 lb. 3 ozs. and up to 3 lb. 4 ozs.	2	6	3	2	4	4	3	3	1	1	3	—	—	—	—	—	—	—	—	—
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs.	7	2	1	—	22	18	5	10	9	2	13	6	†2	4	—	2	—	1	†2	1
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs.	1	1	—	—	6	15	3	6	—	—	6	9	1	1	—	—	—	—	1	1
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs.	4	4	—	—	56	59	5	4	6	1	50	54	6	12	—	—	—	—	6	12
TOTAL ..	17	14	*13	*16	91	99	19	26	19	4	72	69	9	17	—	2	—	1	9	14

*Excludes 2 abortions in which the foetus was not weighed.

†Includes one premature infant who, by order of the specialist in attendance, was not weighed until the fourth day, when the weight was 3 lb. 5 ozs.

Attendances at Welfare Centres during 1950, 1951 and 1952

WELFARE CENTRES	CHILDREN UNDER 1 YEAR				CHILDREN 1 TO 5 YEARS				EXPECTANT MOTHERS			
	New Cases		Total Attendances		New Cases		Total Attendances		New Cases		Total Attendances	
	1950	1951	1952	1950	1951	1952	1950	1951	1950	1951	1950	1952
Bishop's Castle	49	37	48	324	307	349	285	363	416	1	1	2
Bridgnorth	103	95	78	1402	1042	980	1709	1453	1150	22	61	14
Broseley	43	46	46	531	498	696	267	230	447	*	*	*
Church Stretton	56	48	40	589	570	388	419	504	425	1	1	5
Dawley	84	66	66	911	702	751	525	516	533	3	8	—
Donnington	120	94	100	1688	1894	1590	953	1210	1050	2	3	2
Ellesmere	51	54	62	384	420	568	280	380	407	13	55	16
Highley	42	39	35	719	911	568	431	638	748	11	31	20
Ironbridge	108	95	98	1395	1293	1531	800	770	949	29	90	53
Ludlow	83	67	46	1240	1117	894	914	651	405	3	6	4
Market Drayton	118	120	111	1245	1441	1442	988	939	677	27	142	100
Much Wenlock	—	—	37	—	—	81	—	—	106	—	—	—
Newport	82	98	109	639	1263	1309	516	917	1075	14	34	9
Oakengates	126	111	132	1655	1367	1552	598	837	892	6	6	—
Oswestry	200	200	195	1585	1952	1841	584	642	730	7	43	9
St. Martin's	—	—	18	—	—	41	—	—	41	—	—	—
Wellington	154	178	167	2173	2249	1895	1340	1266	1008	10	14	—
Wem	28	34	25	192	172	167	253	229	198	12	40	11
Whitchurch	89	71	58	1070	776	662	400	275	155	1	8	1
Murivance	286	302	300	3189	3491	4038	1615	1398	1479	86	321	195
White House	185	170	121	2194	2589	1979	1284	932	835	59	156	144
TOTAL	2007	1925	1892	23125	24054	23322	14161	14150	13726	307	1020	585

*No Ante-Natal Clinic

Virus Infections during Pregnancy.—The Ministry of Health, during 1951, asked Medical Officers of Health of all Local Health Authorities to participate in an enquiry in order to determine to what extent Rubella, Measles, Mumps, Chicken Pox and Poliomyelitis contracted by mothers during pregnancy might affect the children subsequently born.

Of the 26 Virus Infection cases registered from this County from the commencement of this enquiry up to the end of 1952, one child was still-born and one died 11 weeks after birth; and in the 31 Control cases one child died two weeks after birth. In none of the 57 cases registered was any congenital defect observed.

Ophthalmia Neonatorum.—The following are the numbers of cases of Ophthalmia Neonatorum which have been notified in the past 4 years—all of whom recovered apparently without injury to the eyesight:—

1949	..	18 cases	1951	..	7 cases
1950	..	18 cases	1952	..	6 cases

Birth Control Clinic.—Following the closure of the Clinic conducted in Shrewsbury by the Family Planning Association, arrangements were made by the County Council for a Birth Control Clinic to be held at the Child Welfare Centre, Murivance, Shrewsbury, on the second and fourth Wednesday in each month from 2 to 4 p.m., commencing on 13th June, 1951.

In accordance with instructions issued by the Ministry of Health, advice is given only to married women in whom pregnancy would be detrimental to health. No charge is made for consultation, but patients are expected to pay for any medical supplies which are prescribed.

This Clinic is attended at alternate sessions by Dr. Burnett and Dr. Mary Rose.

Below, in tabular form, are particulars of the attendances at the Clinic from its commencement until the end of 1952:—

Year	Sessions	Patients		Medical Supplies Prescribed		
		New	Attendances	Patients	Free Issues	Cost Recovered £ s. d.
1951	13	56	60	47	4	13 8 2
1952	24	144	179	132	7	50 18 8

Child Welfare Centres.—When proposals for the various services to be provided under the National Health Service Act were formulated by the County Council in November, 1947, it was considered that a period of five years would be required to develop fully the Child Welfare clinic services, and it was anticipated that, within that period, four new clinics would be provided—at Shifnal, Cleobury Mortimer, Much Wenlock and either Minsterley or Pontesbury.

The need for national economy and the consequent restriction of expenditure in capital building has, however, so far prevented the implementing of these proposals, and as many of the twenty-one existing Welfare Centres in the County are in need either of replacement or structural improvement, priority has been given to the replacement of existing premises rather than to the provision of new Welfare Centres elsewhere. Proposals have, therefore, been approved by the County Council for the replacement of Welfare Centres at Newport, Dawley, Ellesmere, Ironbridge and Broseley, and the erection of the new Centre at Newport was nearing completion by the end of 1952.

Consequent upon the development of industry and the increasing population in the Madeley area, the need for a Welfare Centre to be established there has been recognised and the necessary provision made in the capital building programme.

In consequence of local demands, two new Welfare Centres were opened towards the end of 1952 at St. Martin's and Much Wenlock, in accommodation which has been made available in existing Club premises.

The table on page 17 gives particulars of the attendances during 1952 at Welfare Centres throughout the County of expectant mothers and children under 5 years of age, with comparative figures for 1950 and 1951.

Care of Illegitimate Children and Unmarried Mothers

Towards the end of 1943, Circular No. 2866 was issued by the Ministry of Health, in which attention was drawn to the various problems affecting illegitimate children and unmarried mothers which had arisen under war conditions; and in this Circular the Ministry recommended co-operation with, and reinforcement of the work of, existing voluntary Moral Welfare Associations. In outlining the special duties to be carried out, the Ministry suggested that the appointment of a special worker with one of the social service qualifications might be necessary; and another recommendation was that, where homes could not be found with relatives or foster parents, special hostels might be set up either by a voluntary body or by the Welfare Authority themselves.

As the Diocesan Moral Welfare Associations of Lichfield and Hereford had been engaged in this work for a number of years, and as their Moral Welfare Workers in this County had had considerable experience in the various problems associated with illegitimacy (e.g., the obtaining of affiliation orders, arrangements for the accommodation of children in homes or institutions and assistance where adoption is desirable), the Public Health Committee decided to utilise their services in carrying out the duties set out in the Ministry's Circular.

The total annual grants which the County Council made, in 1952, to the Lichfield and Hereford Diocesan Associations, in respect of their work in connection with the care of illegitimate children and unmarried mothers, were £445 and £300 respectively.

The County Council have two representatives on the Councils of each of these Associations.

Under the County Council scheme, Health Visitors, District Nurses, Hospitals and Institutions notify the County Medical Officer of confinements (actual and impending) of unmarried mothers of which they become aware in the course of their work, and this information is then forwarded to the appropriate Moral Welfare Worker, who pays an initial visit as soon as practicable, and then visits each case when necessary, but not less frequently than once during each quarter.

Particulars are given in the following table of the numbers of unmarried expectant mothers visited by the Moral Welfare Workers during 1950, 1951 and 1952, and of the visits made by them in connection with the general supervision of unmarried mothers and illegitimate children:—

Supervisory Work undertaken by the Moral Welfare Workers during 1950 to 1952

	1950	1951	1952
Unmarried expectant mothers visited ..	79	92	85
Visits made to Mothers and Children ..	2,372	2,165	2,228

Particulars of the illegitimate children supervised during 1950, 1951 and 1952, and of the position at the end of each year are as follows:—

Children Supervised during 1950 to 1952

	Total			Lichfield			Hereford		
	1950	1951	1952	1950	1951	1952	1950	1951	1952
On Register on 1st January	577	495	503	373	342	358	204	153	145
Added to Register	218	197	187	162	138	129	56	59	58
Removed from Register	300	189	189	193	122	128	107	67	61
On Register on 31st December ..	495	503	501	342	358	359	153	145	142

Accommodation for Unmarried Expectant Mothers.—Circular No. 2866 of the Ministry of Health indicates that the general care and wellbeing of illegitimate children and unmarried mothers should also aim at social and moral rehabilitation of the latter, and refers to the need for accommodation not only for illegitimate children, but also for the mothers of these children, both prior and subsequent to confinement; this accommodation can be provided either through the agency of a voluntary organisation or directly by the Authority responsible for Maternity and Child Welfare.

When the Council's Scheme for the Care of Unmarried Mothers and Illegitimate Children was formulated, the need for residential accommodation for unmarried mothers was not considered to be so acute as that for illegitimate children; and when the Flora Dugdale Memorial Home was opened at Wellington in April, 1945, as a residential nursery for illegitimate children—now controlled by the Children's Committee under the Children Act, 1948—it was hoped that the needs of unmarried mothers in this County would be met by the accommodation provided by the Lichfield Diocesan Association at the Refuge and Hostel, Chaddeslode, Shrewsbury, and at Myford House, Horsehay.

In addition, therefore, to the grants totalling £745, which are paid to the Lichfield and Hereford Diocesan Associations by the County Council, to which reference has already been made, annual grants of £350 and £200 were paid in 1952 to the Lichfield Association for the accommodation which they provide at Chaddeslode and Myford House respectively. These Homes provide a total of 27 beds (16 at Chaddeslode and 11 at Myford House), but this accommodation is also open to cases from neighbouring counties.

There are, however, other homes outside this County in which the Moral Welfare Workers are sometimes able to find accommodation for Shropshire cases, but in these Homes, as at Chaddeslode and Myford House, it is not usually made available for the unmarried expectant mother who has previously had an illegitimate child.

While suitable accommodation is, therefore, usually available for the unmarried expectant mother who has not previously had an illegitimate child, difficulties have been experienced in providing for the following categories of unmarried expectant mothers:—

- (a) those who have previously had an illegitimate child;
- (b) those who have recently been confined but who, previous to confinement, had not been admitted to any Home; and
- (c) those who, in addition to belonging to one or other of the above categories, have one or more children to maintain.

On 1st February, 1951, a home for unmarried mothers was opened at St. Martin's, Walnut Tree Avenue, Hereford, by the Herefordshire County Council, who, at the request of the Salop County Council, agreed to reserve 5 beds for Shropshire cases, on the understanding that the County Council will pay that proportion of the total cost of maintenance which the 5 beds bear to the total number of 20 beds in the home.

As unmarried mothers who belong to categories (a) and (b) above are not excluded from admission to St. Martin's Home, by this arrangement the County Council have taken a considerable step towards meeting the requirements of these unmarried mothers.

It is, therefore, the securing of suitable accommodation for cases in category (c) above which still presents difficulties, and there is great need for homes or hostels to which unmarried mothers can be admitted with their children, from which they will be able to go out to work, and in which they will be self-supporting and pay their way—in whole or in part. Of such homes there is only a very limited number, and these difficult cases, therefore, tend to be admitted to Part III accommodation. This can at best only be regarded as an emergency measure, and the question of the provision of alternative accommodation until rehabilitation can be effected still remains to be dealt with by the Health Committee.

The following are particulars of Shropshire cases admitted to Chaddeslode, Myford House and St. Martin's Home during 1951 and 1952:—

Shropshire Cases admitted to Homes for Unmarried Mothers during 1951 and 1952

Year	Chaddeslode	Myford House	St. Martin's*	Total
1951	6	4	18	28
1952	5	11	19	35

*Opened on 1st February, 1951

Report of the Chief Dental Officer

The Dental Service provided for Expectant and Nursing Mothers and Pre-School Children during 1952 followed closely the pattern for the previous year.

The acute shortage of Dental Officers which obtained at the beginning of the year persisted to the end; little work was done and no expansion of the service was possible.

In the Report for 1951 it was stated that the position with regard to recruitment of professional staff was getting easier and this in fact was found to be true in 1952 but, although some improvement in the number of the staff took place, the situation was still very unsatisfactory at the close of the year.

Ministry of Health Circular 22/52.—The joint Circular No. 22/52 (Ministry of Health) and No. 254 (Ministry of Education) dated 30th June, 1952, addressed to Local Health and Local Education Authorities, stresses the need on the part of Local Authorities to make new, intensive and continuous efforts to build up the staff of their dental services. Authorities were urged not to confine their efforts to increase their dental staff to recruiting full-time officers but to seek and to take the fullest advantage of any offers by private dental practitioners to treat the priority classes on a part-time basis in Local Authorities' dental clinics.

The response to advertisements which appeared at regular intervals during 1952, inviting dentists to apply for full-time appointments under the Dental Whitley Council (Local Authorities) Salary Scale was disappointing. One officer only was recruited to the Council's dental staff during the year.

Efforts to obtain part-time service by dentists in general practice in accordance with the suggestion contained in the Circular referred to above have so far met with little success. Negotiations were opened with a number of dentists in private practice who signified to the Secretary of the Salop Local Dental Committee their willingness to consider part-time service in a school dental clinic. Up to the end of 1952, however, no final arrangements for work to begin had been made.

Staff.—The authorised establishment of full-time dental officers for 1952 was 11. On January 1st the professional staff consisted of the Chief Dental Officer, two full-time and one part-time Assistant Dental Officers. After making due allowances for the staff changes which took place during the year, the total service rendered was equivalent to four in terms of full-time officers, one more than for the year 1951. The proportion of this total service devoted to the examination and treatment of Expectant and Nursing Mothers and Pre-School Children was one-fifth of a full-time officer.

Review of the work done during the year.—The Dental Staff spend by far the major part of their time doing inspection and treatment for pupils in schools maintained by the Council, leaving only a small proportion of time available for other work. Each dental officer, however, carries out some examination and treatment for mothers and pre-school children, the amount of work done depending upon the demand for it in the particular area the officer covers.

The policy of not encouraging Medical Officers, Health Visitors and Midwives to refer mothers and pre-school children to the Dental Service for examination and treatment as a routine measure was followed again in 1952. This policy, which is regarded as a temporary expedient, was reluctantly started in 1950 as a result of the steady shrinkage in the number of dental officers which made it impossible to deal with large numbers of patients. However, all mothers who applied for treatment for themselves or for their children and those whom the Medical Officers and Nursing Staff for particular reasons wished treated, were referred to the dental officers and received treatment.

The number of mothers dealt with and the amount of treatment done for them slightly exceed the corresponding figures for last year. In the case of the pre-school children, the number who received treatment and who were made dentally fit shows an increase of 30% over 1951. Most of the children dealt with were not brought to the Clinics for routine examination but for the relief of pain.

An analysis of the numbers of mothers and pre-school children dealt with, as well as details of the treatment carried out, will be found in the tables on pages 23 and 24.

Supply of Artificial Dentures.—The arrangements entered into with two firms of Dental Mechanics for the construction of the artificial dentures supplied to patients during the year were the same as for 1951.

The employment of a Dental Mechanic, to work in the laboratory in the premises at No. 5 Belmont, Shrewsbury, will be considered when the quantity of mechanical work to be done justifies it.

Facilities for X-ray Examinations.—One X-ray machine is installed and is in use in the Dental Clinic in the north of the County at Oswestry, and one is in use at the new clinic at No. 5 Belmont, Shrewsbury. When radiographs are required in the examination and treatment of patients elsewhere, arrangements are made for them to be supplied by a private dentist practising in the district.

For use in the east of the County an X-ray machine is included in the equipment installed in the Dental Clinic which forms part of the new Maternity and Child Welfare Centre at Newport, almost ready for opening at the end of 1952.

Provision has been made for the installation of a machine in the Clinic at Ludlow and it is expected that this will be available for use during 1953.

Dental Clinics:

Shrewsbury.—In June, 1952, the Dental Service moved out of the confined quarters allocated to it at the Murivance Health Centre and into the premises which had been adapted as a comprehensive dental centre at No. 5 Belmont. This new dental clinic with its three surgeries, recovery room, dental laboratory and all other necessary accommodation was much needed and eagerly awaited. With the new equipment which has been installed it contains adequate facilities for carrying out treatment for all patients in the Shrewsbury area. Parents and patients have expressed marked appreciation of this pleasant and well equipped Centre.

Staffing shortage at present prevents this clinic from working to its full capacity.

Newport.—The new Child Welfare Centre, Newport, which contains full facilities for carrying out dental treatment, was nearing completion at the end of 1952, although no Dental Officer was then available.

Ellesmere, Dawley and Madeley.—Dental Surgeries, and facilities for carrying out dental treatment, are urgently required at Ellesmere, Dawley and Madeley. Plans for new Maternity and Child Welfare Centres containing accommodation for dental treatment were being pressed forward at the end of 1952 in the hope that one or more of these Centres will be ready for use before the end of 1953.

G. R. CATCHPOLE,

Chief Dental Officer.

Analysis of Expectant and Nursing Mothers and Pre-School Children dealt with during 1952

	Mothers			Pre-School Children
	Expectant	Nursing	Total	
Referred previously and brought forward for examination	5	—	5	—
Referred for examination during the year	55	35	90	169
	60	35	95	169
Examined during the year	41	30	71	158
Failed to keep all appointments made for examination	11	3	14	8
Awaiting examination at 31st December	8	2	10	3
	60	35	95	169
Found to require treatment previously and brought forward ..	13	4	17	11
Found to require treatment during the year	40	30	70	146
	53	34	87	157
Treatment completed and patient made dentally fit	23	18	41	135
Treatment still in progress on 31st December	11	9	20	3
Treated during the year but treatment abandoned by patient ..	9	3	12	7
Treated during previous year but treatment abandoned by patient ..	3	1	4	4
Transferred for further treatment to the School Health Service ..	—	—	—	2
Failed to keep all appointments made for treatment	4	3	7	6
Awaiting treatment on 31st December	3	—	3	—
	53	34	87	157
Numbers having received treatment during the year	43	30	73	145

Expectant and Nursing Mothers and Pre-School Children provided with Dental Care during 1952

	Exam- ined	Needing Treatment			Treated			Made dentally fit		
		Exam- ined during year	Brought forward	Total	Exam- ined during year	Brought forward	Total	Exam- ined during year	Brought forward	Total
Expectant and Nursing Mothers	71	70	17	87	62	11	73	34	7	41
Pre-School Children	158	146	11	157	140	5	145	130	5	135

Forms of Dental Treatment Provided during 1952

	Extrac- tions	Anaesthetics		Fillings	Scaling or Scaling and Gum treat- ment	Silver Nitrate Treat- ment	Dres- sings	Radio- graphs	Dentures supplied	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	187	54	24	131	10	—	11	4	19	17
Pre-School Children	212	26	87	25	—	41	5	—	—	—

National Health Service Act, 1946—Section 23

MIDWIFERY SERVICES

Under Section 23 of the National Health Service Act, 1946, the County Council, as Local Health Authority, are required to make available within the County an adequate number of Certified Midwives for attendance on women in their own homes, either as Midwives or as Maternity Nurses.

Before the introduction of the National Health Service on 5th July, 1948, the domiciliary midwifery service was provided directly by the County Council in the Borough of Shrewsbury, and elsewhere in the County on an agency basis by the Shropshire Nursing Association to whom the County Council made an annual grant of approximately £23,000. With the coming into operation of the National Health Service Act on that date, however, the County Council, by arrangement with the Shropshire Nursing Association, became the direct employers of the midwives who, outside the Borough of Shrewsbury, had previously been the employees of the various District Nursing Associations throughout the County.

Notice of Intention to Practise.—The following are particulars of the State Certified Midwives who, in accordance with the requirements of the Central Midwives Board, gave notice of their intention to practise in this County during the years 1949 to 1952:—

	31st December			
	1949	1950	1951	1952
Employed by Local Health Authority ..	90	86	88	85
„ „ other Local Health Authorities	—	—	3	3
In private practice (Domiciliary)	22	14	10	6
„ „ „ (Private Nursing Homes)	10	14	13	12
In hospitals	45	76	55	60
	167	190	169	166

Work performed by Midwives.—Set out in the table below are particulars of the domiciliary midwifery work carried out during 1952 by Midwives employed by the County Council, with the corresponding figures for the preceding three years:—

Midwifery Work of County Council Midwives during 1949 to 1952

Midwives	Confinements Attended			Visits			
	As Midwives	As Maternity Nurses	Total	Ante-Natal	Midwifery	Maternity	Total
Home Nurse-Midwives ..	1,395	361	1,756	16,012	25,395	7,599	48,970
Midwives	266	19	285	1,383	4,881	279	6,543
TOTAL for 1952 ..	1,661	380	2,041	17,395	30,240	7,878	55,513
TOTAL for 1951 ..	1,600	452	2,052	17,173	29,491	7,779	54,443
1950 ..	1,473	468	1,941	17,776	27,973	8,512	54,261
1949 ..	1,577	543	2,120	18,644	29,042	10,386	58,072

As, during 1952, there were a total of 85 Midwives employed by the County Council, this means that, either as Midwives or Maternity Nurses, each attended on an average 24 confinements during the year. The average cost to the County Council during the financial year 1951—52 of domiciliary confinements under the Midwifery Service was £15 15s. 0d. per case.

It will be noted that the statistical information given in the above tabular statement relates only to the work of the midwives employed by the County Council in domiciliary practice. The table on page 26, however, gives information relating to the work of all midwives (domiciliary, institutional and private) who gave notice of their intention to practise within the area of the County of Salop.

Domiciliary and Institutional Work under the Midwives Acts

Year	Midwives practising in December	Cases attended by Midwives			Notifications received					Having laid out a dead body
		As Midwives	As Maternity Nurses	Total	Medical Help	Stillbirths	Death of Mother or Child	Artificial Feeding	Liability to be a source of infection	
1949	167	3,542	1,330	4,872	959	83	54	181	138	34
1950	190	3,426	1,359	4,785	693	75	50	173	75	24
1951	169	3,417	1,271	4,688	775	74	40	164	85	25
1952	166	3,633	1,119	4,752	697	75	23	176	84	16

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board, a Midwife is required in emergency to seek medical assistance by the issue of a Medical Aid Form, and a fee then becomes payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations.

Where, however, a medical practitioner undertakes to provide maternity medical services in accordance with the National Health Service (General Medical and Pharmaceutical Services) Regulations, payment is made by the Local Executive Council, and in such cases the medical practitioner is not entitled to any payment by the Local Supervising Authority under the Medical Practitioners (Fees) Regulations.

The position for the five years 1948 to 1952 is set out in tabular form below, and it will be seen that, as more cases are now being provided with Maternity Medical Services under the National Health Service Act, and are, therefore, paid for by the Executive Council, there has been a consequent reduction in the number of claims made against the Local Supervising Authority:—

Payments made by County Council under Medical Practitioners (Fees) Regulations

Year	Claims for Payment	Payments by County Council
		£
1948	496	1,296
1949	334	1,168
1950	195	528
1951	150	553
1952	135	398

The Medical Practitioners (Fees) Regulations were revised with effect from 18th April, 1948, when medical practitioners became entitled to remuneration at increased rates.

Maternal Deaths.—Six notifications of maternal death, directly or indirectly due to pregnancy, were received from the Local Registrars in 1952, compared with one in the previous year.

In four cases, death took place in the patient's home, and in two cases after removal to hospital following a domiciliary confinement. Brief information concerning these deaths is given below:—

	Age	Cause of Death	Place of Death
1	28 years	Pulmonary embolus	At home
2	32 „	Cerebral embolism } Rheumatic carditis }	At home
3	19 „	Paraldehyde poisoning } Eclampsia }	In hospital
4	20 „	Post-parturition eclampsia	In hospital
5	27 „	Obstetric shock	At home
6	46 „	Coronary thrombosis	At home

The maternal death rates for the past five years for the whole of the County, based on the official returns of the Registrar General, are as follows:—

Year	Deaths	Rate per 1,000 live births and still-births	
		Shropshire	England and Wales
1948	3	0.57	1.02
1949	3	0.59	0.98
1950	9	1.88	0.86
1951	1	0.21	0.79
1952	6	1.25	0.72

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, which came into operation on 1st August of that year, medical practitioners are required to notify, as Puerperal Pyrexia, any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1952, the number of cases of Puerperal Pyrexia notified was 23 (none of which proved fatal) compared with 21 in the previous year.

Pemphigus.—There were no cases of Pemphigus during 1952.

Analgesia.—(a) *Gas/Air.* Of the midwives employed by the County Council in domiciliary midwifery work, practically all have been trained in the use of the Minnitt Apparatus for the induction of Gas/Air Analgesia. Five midwives who are approaching retirement have, however, refused this training because of their age, and are not, therefore, qualified to use this apparatus. The table below gives particulars relating to gas/air analgesia in respect of the year 1952, with comparative figures for the preceding three years:—

Year	Midwives employed by County Council	Minnitt Apparatus provided	Cases in which used			Cases attended		
			Midwifery	Maternity	Total	Midwifery	Maternity	Total
1949	90	74	729	183	912	1,577	543	2,120
1950	86	82	792	191	983	1,473	468	1,941
1951	88	80	984	170	1,154	1,600	452	2,052
1952	85	79	1,043	147	1,190	1,661	380	2,041

(b) *Pethidine.*—Prior to 1st April, 1950, practising midwives were not authorised to be in possession of Pethidine, or to administer it other than under the supervision of a medical practitioner, but since the introduction on that date of the Dangerous Drugs (Amendment) Regulations, they have been permitted to acquire and use Pethidine on their own responsibility, subject to observance of the following rule of the Central Midwives Board:—

“A practising midwife must not on her own responsibility use any drug including an analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.”

During 1952, pethidine was administered by midwives employed by the County Council in 664 confinements—of which 515 were midwifery cases and 149 maternity cases.

Of a total of 2,041 domiciliary cases attended by County Council midwives in 1952, analgesia, in the form of gas/air or pethidine, was induced in 1,854 cases.

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A small supply of these outfits, together with a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. For distribution to the midwives a bulk supply of maternity outfits is stored in Shrewsbury.

During 1952, a total of 2,097 outfits were issued for domiciliary confinement cases in this County.

Transport.—The majority of nurses and midwives employed by the County Council are provided with motor transport for the purpose of their duties, and the position on 31st December, 1952, was as follows:—

Nursing Staff	Cars		Bicycles
	County Council	Privately Owned	
Nurse-Midwives (80)	71	6	3
Midwives (5) ..	—	3	2
Home Nurses (8) ..	1	1	5

Housing of Midwives.—The housing of midwives has presented many difficulties, as a large proportion occupy privately owned or privately rented houses which, when midwives leave the Council's employment, are not always available to their successors.

Provision has, therefore, been made in the capital building programme of the County Council for the erection in ten nursing districts of a standard type of nurse's house, the design of which has been approved by the Ministry of Health; and in order to serve the combined areas of Worfield and Claverley, one of these houses, in course of erection at Hilton, was nearing completion at the end of the year.

The following are particulars of the accommodation occupied by midwives in the Council's employment on 31st December, 1952:—

Houses	..	owned by the County Council	..	..	7
„	..	rented by the County Council	..	..	28
„	..	owned by midwives or their relatives	..	..	6
„	..	rented by midwives or their relatives	..	..	30
Flats	..	rented by midwives	..	..	1
Rooms	..	rented by midwives	..	..	5
					—
					77
					—

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds the necessary arrangements are made by the medical practitioner in attendance; but when admission is desired for other than medical reasons the patient is required to make application to the Medical Officer of Health of the Local Health Authority for the area in which she lives, and each case is then investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home. The object of this procedure, which has been undertaken at the request of the Regional Hospital Board, is to ensure that, in view of the pressure on the maternity accommodation in the Region, admissions to hospital for confinement are restricted to those for whom it is essential.

Since the coming into operation of the National Health Service Act there has been an increase in the number of hospital confinements, and a fall in those which take place at home; and the following figures which date back to 1946 may be of interest:—

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%

There is no evidence that the very considerable increase in the number of hospital confinements can be accounted for in this County by more difficult home circumstances, and many applications for admission to hospital have been turned down because it was considered that they were not justified on “social” grounds. Certain patients, whose applications for admission had been refused after investigation, have applied to another hospital and been admitted without further reference to the Medical Officer of Health. Complaints that their maternity beds were unoccupied have been received from more than one hospital, and certain others seem to disregard the recognised procedure for admission on non-medical grounds. It has, therefore, been decided by the Regional Hospital Board that, where there are unoccupied maternity beds, the hospital concerned may at their discretion admit patients who do not qualify on social grounds.

Whatever may be said on the relative merits of domiciliary and hospital facilities for confinements, the fact remains that there are many midwives employed by the County Council whose time is not fully occupied, and who are anxious to get more midwifery work.

National Health Service Act, 1946—Section 25

HOME NURSING

As Local Health Authority, the County Council are required under Section 25 of the National Health Service Act, 1946, to make provision for securing the attendance of nurses on persons who require nursing in their own homes.

As in the case of the domiciliary midwifery service, the Council elected to provide home nursing by the direct employment of the nurses who were, previous to 5th July, 1948, employed by the various District Nursing Associations, and who were transferred to the Council's employment on that date.

Of the 8 full-time Home Nurses in the service of the Council at the end of 1952, seven were employed in Shrewsbury and one in Ludlow. Elsewhere in the County, home nursing duties are undertaken by the home nurse-midwives in the various nursing areas.

Set out in the following table are particulars of the numbers of cases nursed at home and of the visits paid by the Home Nurses during the years 1949 to 1952:—

Home Nursing Services, 1949 to 1952

Year	Cases			Visits		
	Medical	Surgical	Total	General Nursing	Casual	Total
1949	6,276	3,231	9,507	151,644	14,773	166,417
1950	6,794	3,134	9,928	158,149	14,771	172,920
1951	7,208	3,090	10,298	159,971	14,032	174,003
1952	6,494	3,027	9,521	159,130	11,794	170,924

Arrangement with Radnorshire County Nursing Association.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterline, Bettws-y-crwyn and Stowe, which have a population of 1,044 and cover an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £300 is made by the Salop County Council.

Below, in tabular form, are particulars of the work performed within the parishes in question by the Radnorshire nurses during the twelve months ended 31st March, 1952:—

	Cases	Visits
Maternity and Midwifery ..	8	256
Surgical and Medical ..	51	781
	<hr/> 59	<hr/> 1,037

This is the equivalent of just over £5 per case, or of 5/9d. per visit, compared with £10 per case and 12/6d. per visit for the previous twelve months.

National Health Service Act, 1946—Section 24

HEALTH VISITING

Section 24 of the National Health Service Act, 1946, places a statutory obligation upon the County Council to “make provision in their area for the visiting of persons in their homes by health visitors for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.” The Health Visitor’s duties have, therefore, been greatly extended as, until the “appointed day,” the statutory obligations of the County Council with regard to health visiting were limited to mothers, and to children under five years of age.

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Sanitary Institute, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor’s Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has since been extended to 31st July, 1953.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties:—

Health Visiting Staff employed by the County Council

	<i>On 31st December</i>		
	1950	1951	1952
Health Visitors and School Nurses	29	27	27
District Nurse-Midwives (with Health Visitor’s qualifications) . .	9	8	6
“ “ “ (without Health Visitor’s qualifications) . .	32	31	39
	<hr/> 70	<hr/> 66	<hr/> 72
	<hr/>	<hr/>	<hr/>

Every endeavour has been made to recruit Health Visitors to the Council’s service, but the shortage of nurses who possess the Health Visitor’s Certificate has made impossible the recruitment of Health Visitors in sufficient numbers to meet the requirements of the County. In addition, a training scheme for Health Visitors has been operated by the Council since 1947, but not with sufficient success to provide the requisite number of staff.

Health Visitor Training Scheme.—The Council’s Training Scheme, originally adopted in March, 1947, and subsequently modified in May, 1950, and May, 1951, is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary recommended for a Health Visitor by the Nurses and Midwives Whitley Council, subject to one-third of that amount being held over until she has passed the final examination for the Health Visitor’s Certificate.

On the successful completion of her training, the student enters the Council's service for the remaining period (two years) of her contract at the full minimum salary of a Health Visitor and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

As a matter of interest, the cost to the County Council of training a Health Visitor under this scheme is set out below:—

	£	s.	d.
During training (50 % of minimum salary) ..	157	10	0
On qualifying (25 % of minimum salary) ..	78	15	0
Tuition fee (average)	17	10	0
Examination fee	6	6	0
Travelling allowance (5/- per week) ..	9	15	0
	<u>£269</u>	<u>16</u>	<u>0</u>

Since the inception of the Health Visitor Training Scheme in 1947, until 31st December, 1952, the number of students accepted for training was 20, of whom 18 were successful in obtaining their Certificate.

The following is a summary of the visits made by Health Visitors to children under five years of age and to expectant mothers during 1952, with corresponding figures for 1950 and 1951:—

Visits Paid by Health Visitors during 1950 to 1952

Year	Health Visiting Staff	To Children				To Expectant Mothers
		Under 1 year		1 to 5 years	Total	
		First	Subsequent			
1950	Whole-time .. 26	3,290	19,414	31,606	54,310	514
	Part-time .. 41	1,227	11,364	14,331	26,922	27
	TOTAL ..	4,517	30,778	45,937	81,232	541
	Increase or Decrease	—255	+1,531	+6,035	+7,311	—102
1951	Whole-time .. 24	3,361	21,812	32,310	57,483	528
	Part-time .. 39	1,126	9,928	13,397	24,451	30
	TOTAL ..	4,487	31,740	45,707	81,934	558
	Increase or Decrease	—30	+962	—230	+602	+17
1952	Whole-time .. 24	3,453	24,572	33,648	61,673	720
	Part-time .. 45	1,077	9,656	13,549	24,282	1
	TOTAL ..	4,530	34,228	47,197	85,955	721
	Increase or Decrease	+43	+2,488	+1,490	+4,021	+163

National Health Service Act, 1946—Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, the County Council, as Local Health Authority may, and if directed by the Minister of Health must, make arrangements for:—

- (1) the prevention of illness;
- (2) the care and after-care of persons suffering from illness or mental defectiveness.

The Minister has directed that, in the case of persons suffering from tuberculosis, arrangements for care and after-care shall be obligatory.

Tuberculosis

With the coming into operation of the National Health Service Act on 5th July, 1948, the tuberculosis work for which the County Council had previously been responsible, namely, the prevention of tuberculosis and the provision of institutional accommodation for patients in need of treatment for tuberculous conditions, became a matter of divided responsibility. While the County Council continued to be responsible for the prevention of tuberculosis under their Scheme for the Prevention of Illness, Care and After-Care—work, which is largely, if not entirely, domiciliary, and is, therefore, undertaken by the whole-time Health Visitors—treatment in hospitals and sanatoria became the responsibility of the Birmingham Regional Hospital Board.

Duties of the Regional Hospital Board and the Local Health Authority.—The responsibilities of the Regional Hospital Board and of the Local Health Authority in relation to the treatment and prevention of Tuberculosis may be summarised as follows:—

(a) Regional Hospital Board:

- (i) To secure the examination by Chest Physicians of all suspected cases of respiratory tuberculosis referred to them by medical practitioners.
- (ii) To provide, in conjunction with the patient's own doctor, treatment for all persons found to be suffering from respiratory tuberculosis.
- (iii) To provide accommodation in hospitals and sanatoria for all persons suffering from tuberculosis who require hospitalization.
- (iv) To provide mobile Mass Radiography Units to carry out surveys in conjunction with Local Health Authorities.

(b) County Council:

- (i) To keep a Central Register of all tuberculous persons within the County.
- (ii) To investigate the home conditions of persons suffering from tuberculosis and by periodic visits to ensure the care and after-care of such persons, particularly those who are being nursed at home.
- (iii) To provide open-air shelters, when necessary, for persons suffering from respiratory tuberculosis who, in the opinion of the Chest Physician, can be nursed at home.
- (iv) To supervise and secure the examination at Chest Clinics, as and when required, of persons who have been in contact with cases of respiratory tuberculosis.
- (v) To provide home nursing requisites and to assist generally in safeguarding the welfare of tuberculous persons.

- (vi) To provide for the B.C.G. Vaccination, by and at the instance of a Physician with specialist knowledge, of persons for whom it is considered by him to be medically expedient.

Administrative arrangements.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by the whole-time Health Visitors of the Council.

Mass Radiography.—During the Autumn of 1952 a Survey was carried out by the Wolverhampton Mass Radiography Unit, established at The Castle, Shrewsbury, and the results of this Survey are summarised in the tabular statement below:—

X-rayed			Suspected Respiratory Tuberculosis Cases				Other Conditions*	
			Active		Inactive			
	M.	F.	M.	F.	M.	F.	M.	F.
General Public ..	1,620	2,017	4	7	17	14	32	23
School Children	1,832	1,153	2	1	3	4	12	9
Police	298	10	2	—	3	—	2	—
TOTAL	3,750	3,180	8	8	23	18	46	32
GRAND TOTAL ..	6,930		16		41		78	

*Bronchiectasis, non-tubercular fibrosis, pleural thickening, cardio-vascular lesions, abnormality of ribs, etc.

The four suspected cases of active respiratory tuberculosis discovered amongst the male members of the general public (2.5 per thousand of the males actually X-rayed) is below the national average of 3.6 per thousand for both sexes, whilst the seven suspected cases discovered among the female members of the general public (3.5 per thousand of the females X-rayed) gives a rate which is roughly the same as that for the whole country.

With regard to school children, of whom approximately 2,900 were examined, only three suspected cases of active tuberculosis were discovered, and this is believed to be in keeping with the findings amongst this age group elsewhere in the country.

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—The County Council, with the approval of the Minister of Health, provide facilities for B.C.G. Vaccination against tuberculosis in the case of persons for whom the Chest Physicians consider it to be medically expedient, subject to the necessary preliminary tests, to offer such vaccination.

The Minister of Health has stated that it is not intended that B.C.G. Vaccination shall be provided indiscriminately for the general public, and in this County it has so far been limited to certain groups of the community who are considered to be in special need of protection, namely, hospital nurses and infants of tuberculous parents.

From October, 1949, when B.C.G. Vaccination was first undertaken in the County, until 31st December, 1952, the Chest Physicians have vaccinated 81 persons, particulars of whom are given below:—

Hospital Nurses	54
Male Hospital Orderly	1
Orthoptist	1
Infants of Tuberculous Parents	1
Child Contact of Tuberculous Relative	1
TOTAL	81

Domestic Help.—Tuberculous persons are included amongst those recognised as qualifying for the services of Home Helps, and during 1952 assistance was provided through the Council's Domestic Help Service in twelve cases.

Open-air Shelters.—During 1951 a survey of all open-air shelters owned by the County Council was undertaken by the County Sanitary Inspector, who reported upon their condition individually.

Of the 113 shelters involved, 36 were located at various hospitals under the administration of the No. 15 Group Hospital Management Committee and, in the case of 30 of these shelters which were in actual use for the accommodation of tuberculous patients, the County Council decided to relinquish all rights of ownership.

The great majority of the remaining shelters were found to be in need of repair and the condition of some was so poor that they had to be scrapped, while others not in regular use were sold. Those in need of renovation were repaired and arrangements made for the future regular routine inspection of all shelters to ensure:—

- (a) that they are being used for the purpose for which they were provided;
- (b) that they are being maintained in a satisfactory state of cleanliness; and
- (c) that structural defects are detected without delay, thereby reducing the ultimate cost of maintenance and repair.

The position with regard to these shelters may be summarised as follows:—

Originally owned by the County Council	113
Relinquished to No. 15 Group Hospital Management Committee	30
Scrapped	8
Sold	7
	45
Remaining in ownership	68

The distribution on 31st December, 1952, of the 68 effective shelters remaining in the ownership of the County Council was as follows:—

At patients' homes	51
On loan to East Hamlet Hospital	1
In store	16
	68

Statistical Information.—The following statistical information relates to the notification and treatment of tuberculous cases during 1952:—

Respiratory Tuberculosis.—During the year, 116 new cases of Respiratory Tuberculosis were notified and there were 37 deaths from this form of the disease.

Non-Respiratory Tuberculosis.—The number of new cases notified during 1952 was 44, and there were 9 deaths from this disease.

Death-rate.—In respect of both forms of Tuberculosis the death-rate in this County for 1952 was 0.16 per 1,000 of the population, compared with a rate of 0.24 for England and Wales.

Particulars of the notifications of, and deaths from, both forms of Tuberculosis, classified in age groups, are given in the table below. It will be observed that, in all, notification previous to death was not received in 9 cases and this represents 5.6 per cent. of the new cases notified during the year.

New Cases of, and Deaths from, Tuberculosis (Respiratory and Non-Respiratory) during 1952

Age Periods of Cases	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	1	1(1)	—	—	1	1	—
1—5	2	2	3(1)	2	—	—	1	1
5—15	6	4	10	9(1)	—	—	—	2
15—25	4	13	2	2	—	1	—	—
25—45	29	23	4	4(2)	12	3	—	1
45—65	20(1)	5(1)	4(1)	3(1)	9	4	1	1
65 and over	5(1)	1(1)	—	—	5	2	1	—
	67(2)	49(2)	24(3)	20(4)	26	11	4	5
TOTAL ..	116(4)		44(7)		37		9	

Note.—Cases notified after death are included in the above totals and are indicated by the figures shown in brackets.

Respiratory Tuberculosis—New Cases and Death Rates since 1940

Year	New Cases	Deaths	Population	Rates per 1,000 Population	
				New Cases	Deaths
1940	133	76	257,170	0.52	0.29
1941	197	93	276,920	0.72	0.34
1942	185	82	268,900	0.69	0.31
1943	193	113	260,900	0.74	0.43
1944	104	91	259,830	0.40	0.35
1945	143	88	256,530	0.56	0.34
1946	106	65	262,020	0.40	0.25
1947	141	87	264,800	0.53	0.33
1948	89	81	272,350	0.33	0.30
1949	127	100	272,400	0.47	0.37
1950	151	66	288,710	0.52	0.23
1951	109	53	293,500	0.37	0.18
1952	116	37	295,500	0.39	0.13

Non-Respiratory Tuberculosis—New Cases and Death Rates since 1940

Year	New Cases	Deaths	Population	Rates per 1,000 Population	
				New Cases	Deaths
1940	102	27	257,170	0.40	0.11
1941	139	31	276,920	0.50	0.11
1942	140	32	268,900	0.52	0.12
1943	132	27	260,900	0.51	0.10
1944	86	17	259,830	0.33	0.07
1945	102	31	256,530	0.39	0.12
1946	64	21	262,020	0.24	0.08
1947	67	24	264,800	0.25	0.09
1948	62	14	272,350	0.23	0.05
1949	79	17	272,400	0.29	0.06
1950	77	10	288,710	0.27	0.03
1951	47	10	293,500	0.16	0.03
1952	44	9	295,500	0.15	0.03

Central Register.—The position with regard to cases on the Tuberculosis Central Register during 1952 was as indicated below:—

	Respiratory	Non-Respiratory
On Register on 31st December, 1951 ..	1,002	175
ADDED: New Cases	116	44
Restored to Register	22	3
Transfers in	67	6
REMOVED: Cured	40	12
Deaths—from Tuberculosis ..	37	9
other causes	7	—
Transfers out	32	9
On Register on 31st December, 1952 ..	1,091	198

The statistical information given in the following table relates to patients suffering from Respiratory Tuberculosis who were admitted to, and discharged from, hospitals and sanatoria in the County during 1952. The discharges include deaths, which are indicated by the figures given in brackets.

Admissions to and Discharges from Hospitals and Sanatoria during 1952

Hospital or Sanatorium	Admissions				Discharges (including deaths)			
	Males	Females	Children	Total	Males	Females	Children	Total
East Hamlet Hospital	6	4	—	10	7 (2)	2 (1)	—	9 (3)
Prees Heath Sanatorium	—	13	—	13	—	11	—	11
Shirlett Sanatorium	33	28	1	62	34	29 (1)	1	64 (1)
Wrekin Hospital	2	3	8	13	3 (2)	2 (1)	4	9 (3)
TOTAL ..	41	48	9	98	44 (4)	44 (3)	5	93 (7)

Other Aspects of Care and After-Care

Other Types of Illness.—In the case of patients discharged from hospital, any necessary nursing care and attention is provided through the Council's Home Nursing Service, and arrangements have been made by the Regional Hospital Board for particulars of all discharged hospital patients requiring after-care to be notified to the Local Health Authority.

Close co-operation has also been established with the Children's Officer, whose aid is very often necessary where residential accommodation is required for children during a domestic emergency, such as illness or confinement of the mother.

Provision of Nursing Equipment.—The provision of nursing accessories forms an important part of the Council's Scheme, and all Home Nurses and Midwives hold a small supply of minor articles, such as hot water bottles, air rings, bed pans and feeding cups, which are available for issue on loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in a central stock at the Health Department, and issued as the need arises.

Recuperative Convalescence.—Under the County Council's scheme for the provision of convalescent facilities, arrangements are made for patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council but, in accordance with their family incomes, patients are required to contribute towards the cost of their convalescence.

During the year a total of 24 cases were assisted by the County Council, and were sent to the following Convalescent Homes at a total cost to the Council of £171 7s. 4d.

ADULTS

Lady Forester Convalescent Home, Llandudno	..	..	..	..	15
The Gable House, Droitwich, Worcestershire	..	..	..	..	1
The Mothers Rest Home, Pensarn, Nr. Abergale, North Wales	..	..	..	..	1

CHILDREN

The Charnwood Forest Convalescent Home, Woodhouse Eaves, Nr. Loughborough, Leicestershire	..	..	..	..	..	3
The Roecliff Home, Woodhouse Eaves, Nr. Loughborough	..	..	..	..	..	1
Junior Red Cross Convalescent Home, Broadstairs, Kent	..	..	..	..	..	1
Ormerod Home for Children, St. Annes on Sea, Lancashire	..	..	..	..	..	1
Brooklyn Babies Home, Christchurch, Hampshire	..	..	..	..	..	1
TOTAL ..						24

Health Propaganda:—

Literature.—During the year posters, leaflets and booklets on a variety of health subjects have been distributed to the public chiefly through the Welfare Centres and the Health Visiting and Nursing Staffs.

Copies of the magazine *Better Health* are regularly supplied to Health Visitors and Home Nurse-Midwives, and a number are supplied to Welfare Centres throughout the County for distribution to the mothers in attendance. A copy of the magazine *Mother and Child* is distributed every month to each Assistant County Medical Officer of Health and Health Visitor for their information.

Exhibit.—The exhibition stand was again in continual use throughout the year. Various topics were obtained from the Central Council for Health Education for display at the larger Welfare Centres throughout the County and such subjects as "Accidents in the Home," "Food and Drink Infection," "Head Lice" and "Care of the Feet" have been dealt with, talks in connection therewith being given by the Health Visitors.

Films.—Displays of films relating to "Infant Welfare" and "Care of the Mother" were arranged for mothers at those Welfare Centres which are equipped with electricity and which have a large enough room for the purpose. In addition, film displays on Food Hygiene subjects were arranged at various schools in the Wellington area, in conjunction with lectures given by the late Mr. Speake, Senior Sanitary Inspector of the Wellington Rural District Council.

Display Sets.—Display sets consisting of 12 attractively coloured panels, printed on stiff card, were again issued by the Ministry of Health and were displayed at Child Welfare Centres throughout the County. The subjects dealt with included "Care of the Teeth" and "Food Poisoning."

Courses and Lectures.—Lectures on health subjects and mothercraft were given by members of the staff to various organisations and associations in the County such as Parent Clubs, Women's Social Clubs, British Red Cross Society and groups of final year pupils.

National Health Service Act, 1946—Sections 49—51

MENTAL HEALTH SERVICE

Under Sections 49 to 51 of the National Health Service Act, 1946, it is, briefly and broadly, the duty of the County Council, as Local Health Authority:—

- (1) to ascertain, and to initiate proceedings for the provision of care and treatment of persons suffering from mental illness or defectiveness, and
- (2) to make arrangements for the domiciliary care and after-care of such persons.

Administration.—Responsibility for the Mental Health Service is that of the Health Committee, and a Mental Health Sub-Committee was originally constituted to advise them upon the administration of the Service. During 1952, however, it was decided to delegate this duty to the Health (General Purposes) Sub-Committee, which meets monthly to deal with matters affecting the day-to-day administration of the Local Health Service.

The following information relating to the constitution of the General Purposes Sub-Committee is included in this report at the request of the Minister of Health:—

Constitution of the Health (General Purposes) Sub-Committee

The Chairman of the Council
 The Vice-Chairman of the Council
 The Chairman of the Health Committee
 The Vice-Chairman of the Health Committee
 The Chairman of the Health (Nursing) Sub-Committee
 The Chairman of the Health (Water) Sub-Committee
 Two members of the Health Committee

Staff.—On 31st December, 1952, the staff employed in the Mental Health Service, in addition to the County Medical Officer of Health and his Deputy, consisted of the following officers:—

- 7 Assistant County Medical Officers
- 3 Petitioning Officers under the Mental Deficiency Acts
- 1 Principal Duly Authorised Officer
- 1 Duly Authorised Officer
- 1 Superintendent Nursing Officer (who was also a Duly Authorised Officer)
- 1 Assistant Superintendent Nursing Officer (who was also a Duly Authorised Officer)
- 24 Health Visitors

In addition to the duties which they normally undertake, officials of the Local Health Authority also carry out a certain amount of work on behalf of various Regional Hospital Boards and Hospital Management Committees. The main service performed in this connection is the periodic visiting of patients licensed from institutions for mental defectives to the care of persons resident in Shropshire. At the end of the year 1952, there were 16 defectives on licence from institutional care who were being visited by the County Council's Health Visitors.

On the other hand, Psychiatric Social Workers employed by the Regional Hospital Board undertake, on behalf of the Local Health Authority, the after-care of patients immediately following their discharge from mental hospitals, selected cases being later referred to the County Council's Health Visiting Staff for domiciliary supervision.

Lunacy and Mental Treatment Acts.—Particulars are given in the following table of the cases dealt with under the Lunacy and Mental Treatment Acts by the Duly Authorised Officers of the County Council during 1952, with corresponding figures for 1951:—

Cases dealt with by the Duly Authorised Officers

		Males		Females		Total	
		1951	1952	1951	1952	1951	1952
Lunacy Act, 1890 ..	Under Summary Reception Order	41	38	69	72	110	110
	Under "Three Day" Order ..	3	4	2	2	5	6
	Under "Urgency" Order ..	1	—	—	—	1	—
Mental Treatment Act, 1930	As Voluntary Patients	18	16	12	15	30	31
	As Temporary Patients	4	3	9	4	13	7
TOTAL ..		67	61	92	93	159	154

Two of the voluntary patients shown in the table above were initially admitted to hospital under a "Three Day" Order issued by a Duly Authorised Officer, but having subsequently applied for treatment as voluntary patients, they were later accepted as such.

In addition to the patients shown in the table above, investigations were carried out by the Duly Authorised Officers in the case of 27 persons in whom unsoundness of mind had been alleged but could not be confirmed.

Mental Deficiency Acts.—

Ascertainment.—Particulars of the mental defectives ascertained during the year 1952, with corresponding figures for 1951, are given below:—

Mental Defectives ascertained during 1951 and 1952

		Males		Females		Total	
		1951	1952	1951	1952	1951	1952
Cases reported by Local Education Authority:—							
(i) Under Section 57(3) of the Education Act, 1944 ..		13	9	20	9	33	18
(ii) Under Section 57(5) of the Education Act, 1944:—							
on leaving special schools		7	14	—	2	7	16
on leaving ordinary schools		8	10	5	14	13	24
Other Cases		9	6	3	5	12	11
TOTAL ..		37	39	28	30	65	69

At the end of the year 1952 there were 57 mental defectives in this County awaiting vacancies in institutions, particulars of whom are given in the following table:—

Mental Defectives awaiting admission to Institutions on 31st December, 1952

DEFECT	MALES						FEMALES						Grand Total
	Under 7	7—16	16—30	30—60	Over 60	Total	Under 7	7—16	16—30	30—60	Over 60	Total	
Feeble-minded	—	2	4	1	—	7	2	—	1	6	1	10	17
Imbeciles	3	7	5	5	—	20	2	3	2	5	—	12	32
Idiots	—	4	1	1	—	6	—	1	1	—	—	2	8
TOTAL ..	3	13	10	7	—	33	4	4	4	11	1	24	57

Guardianship.—On 31st December, 1952, there were 10 Shropshire mental defectives (2 males and 8 females) under guardianship care, only 2 of whom were resident in this County. Of the remaining 8 (2 males and 6 females), 2 were under supervision by the Brighton Guardianship Society, and 6 by other Local Health Authorities.

Statutory Supervision.—Particulars are given in the table below of the cases under Statutory Supervision on 31st December, 1952:—

Defectives under Statutory Supervision on 31st December, 1952

DEFECT	MALES					FEMALES					Grand Total
	Under 7	7—16	16—30	Over 30	Total	Under 7	7—16	16—30	Over 30	Total	
Feeble-minded	1	10	73	13	97	—	18	57	24	99	196
Imbeciles	7	36	45	16	104	3	28	31	16	78	182
Idiots	—	2	1	2	5	—	3	1	3	7	12
TOTAL 1952 ..	8	48	119	31	206	3	49	89	43	184	390
TOTAL 1951 ..	5	45	104	33	187	6	31	97	44	178	365

In addition to the cases under Statutory Supervision referred to above, there were 301 cases under Voluntary Supervision.

National Health Service Act, 1946—Section 27**AMBULANCE SERVICE**

Local Health Authorities are responsible for ensuring that “ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental deficiency, or expectant or nursing mothers, from places in their area to places in or outside their area.”

Section 24 of the National Health Service (Amendment) Act, 1949, resulted in a modification of this clear cut definition of responsibility, in that the Local Health Authority from whose area a patient has been admitted to hospital is now required to bear the cost of ambulance facilities for his return journey, if it is made within three months from the date of his admission to that hospital.

Organisation.—The County Council Ambulance Service has a main Central Depot at Shrewsbury, and eight subsidiary depots, at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop’s Castle. At each depot, other than the Central Depot, the day-to-day administration of the Service is controlled by a Local Ambulance Sub-Committee.

The Central Depot is at present divided into two parts—one at Cross Houses Hospital, which has been used since the “appointed day,” and one in a temporary garage at the County Council Highways Depot at Meole Brace, which came into use in December, 1949.

It is the intention of the County Council to unite these two parts of the Central Depot and, with this in view, work was commenced during 1952 on the erection of a new Depot within the curtilage of Nearwell, Abbey Foregate, Shrewsbury, which it is hoped will be ready for occupation in May, 1954.

Operation of the Service.—The Service is operated from a Central Control (telephone number Shrewsbury 2626) in the County Health Office at Shrewsbury, to which all requests should be made when an ambulance or sitting-case car is required in any part of the County, and in certain parts of neighbouring Counties. Central Control is manned day and night, the night service being maintained through the co-operation of the County Fire Service.

Arrangements with other Ambulance Authorities.—The County Council have continued to serve parts of adjacent districts in Cheshire, Staffordshire, Denbighshire and Flintshire, in accordance with the agreements made with those Authorities; and arrangements for reciprocal aid in case of emergency in border areas have continued to function satisfactorily.

Vehicles.—The following table shows the distribution of ambulances and sitting-case cars at 31st December, 1952, with the comparative figures for 1951.

Establishment of Ambulances and Sitting-case Cars

DEPOT	Ambulances			Sitting-case Cars		
	Authorised	31st Dec.,	31st Dec.,	Authorised	31st Dec.,	31st Dec.,
		1951	1952		1951	1952
Shrewsbury ..	14	15	15	6	9	6
Oswestry ..	3	3	3	3	3	3
Whitchurch ..	2	2	2	—	—	—
Market Drayton	2	1	1	—	—	—
Donnington ..	5	5	5	2	2	2
Wenlock ..	1	1	1	—	—	—
Bridgnorth ..	2	2	2	1	1	1
Ludlow ..	3	3	3	1	—	1
Bishop's Castle ..	1	1	1	—	—	—
Retained additional to establishment for:						
(a) Civil Defence purposes ..	—	3	3	—	—	1
(b) Use by Motor Mechanic ..	—	—	—	—	—	1
TOTAL ..	33	36	36	13	15	15

Ambulances.—It will be seen from the above table that an ambulance originally intended for Market Drayton has been retained at Shrewsbury. This has been necessary in consequence of a lack of garage facilities at the former place.

Sitting-case Cars.—Since 1st April, 1952, a sitting-case car has been stationed at Craven Arms and is driven and serviced by the proprietors of a local garage under the supervision of the Local Ambulance Officer at Ludlow. This vehicle is shown in the table as attached to the Ludlow Depot.

Although there has been a further reduction in the use made of the sitting-case car service operated by the Women's Voluntary Services on behalf of the County Council, some journeys are more conveniently and economically undertaken by this supplementary service.

The use of the cars owned by the Robert Jones and Agnes Hunt Orthopaedic Hospital and made available to the County Council as occasion requires for the conveyance of sitting-cases has now almost ceased.

Repairs.—Increasing use is being made of the vehicle repair facilities which are progressively becoming available at the Central Highways Depot at Meole Brace, and in addition a motor mechanic appointed to the staff of the Ambulance Service on 10th September, 1952, works at the Cross Houses section of the Central Depot.

Personnel.—Particulars are given in the table on page 46 of the personnel, full-time and part-time, employed on operational duties in the County Ambulance Service on 31st December, 1951, and on 31st December, 1952.

Establishment of Ambulance Service Personnel

Ambulance Depot	Authorised		31st December, 1951						31st December, 1952					
			Full-time			Part-time			Full-time			Part-time		
	Drivers	Atten- dants	Drivers		Attendants		Drivers		Attendants		Drivers		Attendants	
			M.	M.	M.	F.	M.	M.	M.	F.	M.	M.	M.	F.
Shrewsbury ..	19	12	17		4	5	1	19	4	5	—	1	6	
Oswestry ..	3	2	—	5	—	—	8	—	—	—	5	6	9	
Whitchurch ..	1	1	—	2	—	—	2	—	—	—	4	2	1	
Market Drayton ..	1	1	—	3	—	—	—	—	—	—	4	—	—	
Donnington & Shifnal	5	4	3	1	—	—	—	3	—	—	1	—	3	
Wenlock ..	1	1	—	1	—	—	—	—	—	—	1	—	—	
Bridgnorth ..	2	1	—	3	—	—	1	1	—	—	2	1	3	
Ludlow ..	3	2	—	4	—	—	15	—	—	—	6	9	7	
Bishop's Castle ..	1	1	—	4	—	—	—	—	—	—	4	1	1	
TOTAL ..	36	25	20	23	4	5	27	23	4	5	27	20	30	

The figures in the table on page 46, expressed in terms of full-time personnel employed on a 44-hour week without overtime or stand-by duties, give the table below:—

Establishment of Ambulance Service Personnel on 31st December

Year	Full-time			Part-time (in terms of full-time)			Total			Authorised	
	Drivers	Attendants		Drivers	Attendants		Drivers	Attendants		Full-time	
	M.	M.	F.	M.	M.	F.	M.	M.	F.	Drivers	Attendants
1951	20	4	5	8	2	4	28	6	9	35	25
1952	23	4	5	7	2	5	30	6	10	36	25

Work Performed.—During 1951 it appeared that the demands upon the Ambulance Service were becoming stabilised, but the assumption was premature and during 1952, despite a careful control of the use of the Service, there was again an increase in the amount of work. Searching inquiry is instituted whenever there is any suggestion of misuse, but the cases of misuse confirmed are a very small proportion of the cases carried.

Careful co-ordination of journeys, referred to in the report for 1951, continued to effect reduction in the average mileage per patient carried, as shown in the following table:—

Patients Carried and Mileage Covered

Year	Patients	Mileage	Mileage per Patient
1949	21,926	622,045	28.4
1950	30,434	740,559	24.3
1951	34,476	730,124	21.2
1952	41,250	783,717	19.0

The particulars of the work undertaken each month during 1952 by the County Ambulance Service are given in the table on page 48, together with comparative figures for the previous year.

The distribution of this work between ambulances and sitting-case cars is illustrated in the table below:—

Miles Travelled by Ambulances and Cars

	1951			1952		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Ambulances	13,886	20,613	399,382	14,044	23,706	426,423
Sitting-case Cars:—						
County Council ..	6,821	10,781	244,508	8,902	15,517	304,108
No. 27 H.M.C. ..	451	585	6,222	136	216	1,569
W.V.S.	2,001	2,497	80,012	1,319	1,811	51,617
TOTAL	23,159	34,476	730,124	24,401	41,250	783,717

National Coal Board.—Consequent upon representations made in 1950 by the National Coal Board, the County Council agreed to provide, under the National Health Service Act, an ambulance service for the Alveley, Lilleshall and Madeley Collieries; and the National Coal Board accordingly discontinued the services which they had themselves previously provided for the transport of their sick and injured workpeople.

In October, 1951, however, the view was expressed by the Minister of Health that, in accordance with the provisions of the Coal Mines Act, 1911, responsibility for the provision of an ambulance service continued to rest with the National Coal Board; but pending negotiations between the Ministry and the Board regarding the possibility of this work being undertaken by Local Health Authorities on a repayment basis, the County Ambulance Service continued to serve the collieries in their area.

In March, 1952, the Minister of Health informed Local Health Authorities that they could provide transport for cases within the responsibility of the National Coal Board, subject to the costs incurred being reimbursed by the Board, and negotiations to this end between the County Council and the West Midlands and North-Western Divisions of the Coal Board were approaching completion by the end of 1952.

Equipment.—The merits of various new types of vehicles and equipment which became available during the year were carefully examined, and although, in view of the need for economy, advantage of developments in ambulance transport cannot always be taken immediately, nothing which will add to the comfort and safety of patients is ignored.

Transportable Incubator for Premature Babies.—During the year the firm of Oxygenaire, Ltd., supplied a prototype transportable incubator for a trial period, and as a result of the experience gained certain recommendations were made to the firm which has enabled them to market a modified model, which the County Council purchased.

Radio-telephony.—Reference has been made earlier in this Report to the reduction which, as a result of the co-ordination of journeys, has been effected in the average mileage travelled per patient. As it was considered unlikely that many further economies could be achieved under the present system of control, proposals for the use of radio-telephony as a means of communication between the vehicles and Central Ambulance Control continued under consideration throughout the year.

Training.—During the year opportunity was afforded to all members of the whole-time staff to take a refresher course in First Aid, and in addition First Aid Certificates were obtained by several members of the part-time personnel.

General.—Despite the administrative and operational difficulties resulting from the division of the Central Depot, every effort has been made to provide an adequate, efficient and economic service and part-time officers and personnel have made a valuable contribution towards this end.

Civil Defence.—A satisfactory rate of recruitment has been maintained during the year, but the difficulty of arranging training to suit the convenience of scattered units composed of volunteers with widely divergent interests is not easy.

On Sunday, 2nd November, 1952, a one-day course of training for Local Ambulance Officers and Instructors was held in Shrewsbury, under the direction of the County Ambulance Officer and the Operational Controller, both of whom have attended courses of training at a Home Office School.

County Council owned Health Service Cars.—The Ambulance Service central administration are responsible for the motor cars used by District Nurse-Midwives and Health Visitors throughout the County. At 31st December, 1952, such nursing service cars numbered 92.

National Health Service Act, 1946—Section 26

VACCINATION AND IMMUNISATION SERVICE

Section 26 of the National Health Service Act, 1946, requires the County Council, as a Local Health Authority, to make arrangements, in which general medical practitioners may participate, for vaccination against smallpox of persons resident within their area, and also for the immunisation of such persons against diphtheria. The Authority also has permissive powers to make similar arrangements, subject to approval of the Minister of Health, for vaccination or immunisation against any other disease.

Vaccination.—Successful vaccination gives, after a few weeks, complete protection against death from Smallpox, and almost complete protection against catching the disease even when exposed to it. This protection lasts for some years, and is then renewable safely and easily.

Smallpox is a very real risk nowadays, and keeps occurring without any warning. Outbreaks are of two kinds. The outbreak in Lancashire in 1952 wasn't the "killing" kind, but many who got Smallpox were very uncomfortable and had their lives disturbed; they looked horrible and risked disfigurement; and they were highly dangerous to those who hadn't been protected by successful vaccination. Recent outbreaks in Yorkshire and Lancashire were of the "killing" kind, and several deaths occurred with shocking suddenness. Yet deaths from Smallpox are quite unnecessary. They need never occur at all, because complete protection is so easily available.

Vaccination is best done in infancy. Besides protecting infants from a few weeks after they have been successfully vaccinated, this makes re-vaccination in later years free from the unpleasant consequences that occasionally follow when vaccination has to be performed for the first time in older children or adults, whether as an emergency measure during an outbreak of Smallpox, or as a routine procedure demanded on going to a Boarding School, or before travel abroad, or on being called up for National Service.

Under the County Council's scheme parents may have their children vaccinated either by a medical practitioner of their own choice in general practice, or by an Assistant County Medical Officer at a County Council Welfare Centre.

Lists of births registered each month are received from the Local Registrars, and a letter with a detachable consent form, for completion and return to the County Medical Officer, is then sent to the parents of the infants whose births have been notified, offering the choice of vaccination by their private medical practitioner or by an Assistant County Medical Officer. Upon receipt of the consent form, appropriate arrangements are made for vaccination to be performed when the infant attains the age of four months. Persons of all ages, adults and children can, however, be vaccinated or re-vaccinated upon request under the County Council's scheme.

The table below gives particulars of persons of all ages who were vaccinated or re-vaccinated during 1952:—

Persons Vaccinated and Re-Vaccinated during 1952

	Vaccinated by	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
Vaccinations ..	Medical Officers ..	446	26	10	2	484
	General Practitioners ..	1,835	93	54	42	2,024
	TOTAL ..	2,281	119	64	44	2,508
Re-Vaccinations	Medical Officers ..	—	1	7	40	48
	General Practitioners ..	—	5	67	494	566
	TOTAL ..	—	6	74	534	614

Particulars are given in the table on page 54 of the distribution in the areas of the Local Sanitary Authorities within the County of all persons vaccinated and re-vaccinated during 1952. Reference to this table shows that the 2,281 children vaccinated before attaining one year of age represent approximately 49 per cent. of the 4,670 babies born during 1952. These two figures (2,281 and 4,670) are not strictly comparable, but this method of comparison gives a reasonably accurate estimate of the infant vaccination state during 1952.

Diphtheria Immunisation.—Under the County Council Scheme for Diphtheria Immunisation, parents can have their children immunised either by a medical practitioner of their own choice who is engaged in general practice, or by an Assistant Medical Officer at a County Council School or Welfare Centre.

When a child reaches the age of six months, a circular letter with a detachable consent form is sent to the parents, and upon the return of this form, duly completed, arrangements are made for immunisation of the infant on attaining the age of eight months.

If the parents do not return the consent form, a further communication, stressing the value of immunisation, is sent to them on the day before the infant's first birthday, in the form of a birthday greeting card. In addition, every opportunity is taken by Assistant Medical Officers and Health Visitors, in the course of their duties at Welfare Centres and elsewhere, to advise immunisation against diphtheria in the case of those children who have not been immunised as infants.

The following table gives particulars of children under 5 years of age, and of those between the ages of 5 and 15, who were immunised under the County Council's scheme during 1952 with corresponding figures for 1951:—

Children Immunised against Diphtheria during 1951 and 1952

Immunised by	Under 5 years		5—15 years		Total		Re-inforcing Injections	
	1951	1952	1951	1952	1951	1952	1951	1952
Medical Officers ..	1,555	1,135	151	162	1,306	1,297	1,554	1,905
General Practitioners	2,187	2,211	115	80	2,302	2,291	503	655
TOTAL ..	3,342	3,346	266	242	3,608	3,588	2,057	2,560

A special investigation carried out by the Ministry of Health has revealed that of the number of children attaining one year of age in England and Wales during the first six months of 1952, only 31 per cent. were immunised during that year, compared with a target of 75 per cent. which is the minimum for effective control of this disease.

During 1952, out of a total of 3,346 children under 5 years of age who were immunised against diphtheria in this County, 1,802 were under one year of age, the equivalent of 39 per cent. of the children born in that year. There is, therefore, need for greater efforts on the part of all concerned, particularly the Health Visitors and District Nurses, to bring home to parents the dangers which are associated with this disease, and the fact that, notwithstanding the very considerable decline in the deaths from diphtheria which has occurred in recent years, only by early immunisation and its maintenance at an adequate level can protection against it be secured. Full information is not available concerning the children who died from diphtheria since immunisation was commenced in 1935, but the five children in this County who died from diphtheria between 1946 and 1952 had not been immunised.

Set out in tabular form below is a statement showing the percentage of the child population, of and under compulsory school age, who had been immunised against diphtheria at 31st December of each year from 1948 to 1952—always bearing in mind that immunity is a relative term:—

Percentages of Child Population Immunised against Diphtheria

31st December	Under 5 years	5 to 15 years	Total
1948	51%	67%	61%
1949	52%	73%	65%
1950	52%	76%	67%
1951	52%	77%	68%
1952	51%	78%	69%

The effects of the Immunisation Campaign on the morbidity and mortality rates are demonstrated by the following statistics showing the incidence of diphtheria and the number of deaths from this disease among persons of all ages in the County during the past eighteen years:—

Notifications of and Deaths from Diphtheria since 1935

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifications ..	233	301	206	185	133	236	237	121	53	25	7	10	17	1	5	2	—	1
Deaths ..	20	21	7	19	13	11	9	6	6	1	—	2	2	—	1	—	—	—

The following statistical table gives particulars of the children immunised against diphtheria during 1952, distributed according to their places of residence within the areas of the various Local Sanitary Authorities in the County:—

Children Immunised in the various Sanitary Districts during 1952

Area	Local Sanitary Authority	Children Immunised		Total	Children given Re-inforcing Injections
		Under 5 years	5—15 years	0—15 years	
North-West Combined Districts	Ellesmere Urban	32	4	36	33
	Ellesmere Rural	95	18	113	131
	Oswestry Borough	136	28	164	195
	Oswestry Rural	219	37	256	406
	Wem Urban	10	5	15	36
	Wem Rural	134	14	148	157
	Whitchurch Urban	62	5	67	54
North-East Combined Districts	Dawley Urban	89	—	89	28
	Market Drayton Urban	52	3	55	49
	Drayton Rural	116	3	119	156
	Newport Urban	54	9	63	81
	Oakengates Urban	114	4	118	25
	Shifnal Rural	196	6	202	32
	Wellington Urban	141	3	144	33
	Wellington Rural	280	23	303	210
South-West Combined Districts	Atcham Rural	290	16	306	217
	Bishop's Castle Borough	25	—	25	9
	Church Stretton Urban	26	—	26	21
	Clun Rural	117	7	124	53
	Wenlock Borough	181	6	187	33
	Ludlow Borough	76	2	78	64
	Ludlow Rural	187	10	197	100
Bridgnorth	Bridgnorth Borough	69	—	69	25
	Bridgnorth Rural	181	6	187	40
Shrewsbury	Shrewsbury Borough	464	33	497	372
	WHOLE COUNTY	3,346	242	3,588	2,560

Propaganda.—Various methods, including advertisements in the press, the issue of leaflets and the display of posters, are used to remind the public of the importance of immunisation against diphtheria, but reliance is placed primarily upon School Nurses, Health Visitors and District Nurses who, if they hear in the course of their duties of children who have not been immunised, are then required to endeavour to obtain the consent of the parents to the immunisation of their children.

Whooping Cough Immunisation.—Prior to 5th July, 1948, the County Council had no scheme for immunisation against whooping cough, as immunisation against this disease on lines similar to those for diphtheria is less reliable. For that reason it has not so far been advocated in this County, but a demand from the public for immunisation against whooping cough has sprung up in recent years, and in their proposals for an Immunisation Service under the National Health Service Act, the County Council have made arrangements with regard to whooping cough similar to those for immunisation against diphtheria. The immunisation procedure in the case of whooping cough is, however, restricted to those children whose parents make a specific request to have it carried out, but no efforts are made to influence them on the question of whether or not immunisation against this disease should be undertaken.

The following table shows the number of children immunised against whooping cough during 1952, with corresponding figures for 1951:—

Immunised by	Primary Immunisations					
	0—4 years		5—14 years		Total	
	1951	1952	1951	1952	1951	1952
Medical Officers ..	258	270	10	11	268	281
General Practitioners	682	665	63	39	745	704
TOTAL ..	940	935	73	50	1,013	985

National Health Service Act, 1946—Section 29

DOMESTIC HELP SERVICE

Under Section 29 of the National Health Service Act, 1946, a Local Health Authority may arrange for domestic help to be provided for “any person who is ill, an expectant mother, mentally defective, aged, or a child not over compulsory school age.”

The scheme formulated by the County Council for the provision of a Domestic Help Service in this County visualised the opening of fourteen offices to meet the needs of the whole County, and when the National Health Service Act came into operation four of these offices had already been established. Between July, 1948, and January, 1950, however, five additional offices were opened, but in an endeavour to check the rising cost of the Service it was then decided to defer the opening of further offices, particularly as, in one way or another, requests for domestic help in all but the more remote rural areas of the County could, to a very considerable extent, be met from the existing offices.

Particulars of the Domestic Help Service offices operating within the County on 31st December, 1952, are set out in the following table:—

Centre	Address	Date opened
Shrewsbury ..	‡13 Princess Street	January, 1947
Ludlow ..	*W.V.S. Office, 24 Corve Street	October, 1947
Church Stretton ..	54 Sandford Avenue	January, 1948
Wellington ..	Edgbaston House, Walker Street	April, 1948
Oswestry ..	Child Welfare Centre, 30 Upper Brook Street	September, 1948
Newport ..	Child Welfare Centre, 127 High Street	January, 1949
Whitchurch ..	Child Welfare Centre, 27 St. Mary's Street	June, 1949
Bridgnorth ..	Child Welfare Centre, Northgate	November, 1949
Market Drayton ..	The Armoury, Shropshire Street	February, 1950

‡Transferred to County Health Department on 21st April, 1952.

*Transferred to Child Welfare Centre on 1st May, 1952.

Scope of Service.—The purpose of the Service is to provide assistance with housework, shopping and light laundry in the case of the sick, the aged and infirm, and maternity patients. Subject to one or other of these qualifications, the Service is open to all, but it is not available to ordinary householders merely on the grounds that they are in need of domestic help.

Administration.—The Service is administered by the Health Committee of the County Council through a Nursing Sub-Committee, which includes a substantial number of co-opted members.

From the time of its inception, until 1st April, 1952, when, as provided for in the scheme originally submitted to the Minister of Health, the County Council became directly responsible for this Service, it was operated on behalf of the County Council by the Shropshire Branch of the Women's Voluntary Services, under the general administrative direction and control of the County Medical Officer of Health.

Since 1st April, 1952, the local offices—with the exception of Newport, which continues to be staffed by voluntary workers, and Shrewsbury, which is operated within the general administration of the County Health Department—have each been staffed by a paid part-time clerical assistant, who is responsible for the day-to-day operation of the Service, for the assessment of payments to be made by householders unable to pay the full charge and for the collection of such payments.

Each applicant for the services of a Home Help is visited by the District Nurse who, having satisfied herself that the case is within the scope of the Service, recommends the extent to which assistance should be provided.

Charges for Domestic Help.—As stated above, householders, if they are in a position to do so, are required to contribute towards the cost of the Home Help Service. The standard charge was originally 1/8d. per hour, but as the operational cost of the Service was found to be in the region of 2/3d. per hour, the County Council decided to increase this charge to 2/- per hour from 1st April, 1952.

Householders who are unable to pay the standard charge have been assessed in accordance with their income by means of a scale of allowances for household expenditure recommended by the County Councils Association. This scale, which was issued in 1948, and was based upon cost of living values now much out-dated, was found to bear hardly upon the lower-income groups, and was, therefore, adjusted from 1st December, 1951, in the interests of those householders.

As a result of the increases in the wages of Home Helps during the latter part of 1952, and a consequent rise in the operational cost of the Service to approximately 2/9 $\frac{3}{4}$ d. per hour, the Council decided to increase the standard charge to 2/3d. per hour from 1st December, 1952.

Home Helps.—Consequent upon the rising cost of living and the wage increases which have been granted to many other classes of workers, consideration was given during 1951 to a revision of the wages of Home Helps, which had remained unchanged since the Service was commenced. The County Council, therefore, decided to increase the wages of Home Helps from 1st January, 1952, as follows:—

Whole-time: £3 10s. 0d. per week during the first year of employment, and £3 13s. 6d. per week during subsequent years.

Part-time: 10/- per week retaining fee, plus 1/8d. per hour.

With the introduction by the National Joint Council in October, 1952, of a national wage scale for Home Helps, the above rates were amended accordingly. Any subsequent general award affecting the wages of manual workers employed by local authorities will in future apply equally to Home Helps, whose rates of pay at the end of 1952 were as follows:—

	<i>Borough of Shrewsbury</i>	<i>Rest of County</i>
<i>Whole-time and Part-time . .</i>	2/3 $\frac{3}{4}$ d. per hour	2/3d. per hour

Particulars are given in the following table of the numbers of home helps (whole-time and part-time) employed by the County Council on 31st December, 1952, with corresponding figures for 1951. It will be observed that the number of whole-time home helps was considerably reduced during 1952, following the adoption by the Council of a policy of employment of part-time workers who are paid by the hour for work performed, in preference to whole-time workers, who receive a standard wage irrespective of whether they are fully employed or otherwise.

Home Helps employed on 31st December, 1951 and 1952

Centre	1951			1952		
	Whole-time	Part-time	Total	Whole-time	Part-time	Total
Bridgnorth ..	1	1	2	2	—	2
Church Stretton ..	1	2	3	—	4	4
Ludlow ..	2	7	9	2	7	9
Market Drayton ..	3	2	5	3	2	5
Newport ..	—	4	4	—	6	6
Oswestry ..	3	7	10	2	8	10
Shrewsbury ..	19	31	50	14	19	33
Wellington ..	5	15	20	5	16	21
Whitchurch ..	2	10	12	2	6	8
TOTAL ..	36	79	115	30	68	98

Work Performed.—Set out in tabular form below are particulars of the cases attended by Home Helps during 1951 and 1952:—

Year	Applications	Hours worked by Home Helps	Average number of households assisted weekly
1951	782	157,206	251
1952	831	134,778	250

Particulars of the individual categories of cases attended by Home Helps during 1952 are given in the table below, from which it will be observed that, of the *cases* dealt with by the Service, approximately 45 per cent. were chronic sick and aged persons. Of the total of 134,778 *hours* worked by Home Helps during the year, approximately 95,690 hours (71 per cent.) were attributable to these particular categories of cases.

Cases attended by Home Helps during 1952

Centre	Aged	Chronic Sick	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	14	7	7	8	—	1	2	39
Church Stretton ..	7	10	12	13	3	—	—	45
Ludlow ..	11	19	4	21	2	—	—	57
Market Drayton ..	19	8	11	10	2	—	—	50
Newport ..	3	5	10	27	—	1	1	47
Oswestry ..	18	26	19	15	8	—	1	87
Shrewsbury ..	37	71	61	102	21	4	5	301
Wellington ..	34	53	20	26	8	5	1	147
Whitchurch ..	3	25	11	17	1	1	—	58
TOTAL ..	146	224	155	239	45	12	10	831

Cost of Service.—Particulars are given in the table below of the expenditure incurred by the County Council in the operation of the Service during 1952, and of the income received from persons taking advantage of it, with the corresponding totals for the preceding two years:—

Expenditure and Income—Year ended 31st December, 1952

Centre	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
	£	£	£	£	£	£	£	%
Bridgnorth	37	398	18	65	518	81	437	15.6
Church Stretton ..	35	67	409	118	629	105	524	16.7
Ludlow	55	421	697	63	1,236	115	1,121	9.3
Market Drayton ..	34	640	237	65	976	212	764	21.7
Newport	—	—	545	33	578	243	335	42.0
Oswestry	106	424	1,151	66	1,747	428	1,319	24.5
Shrewsbury	—	3,482	3,045	224	6,751	1,363	5,388	20.2
Wellington	104	1,081	1,982	222	3,389	610	2,779	18.0
Whitchurch	68	398	1,011	33	1,510	280	1,230	18.5
Total for 1952 ..	439	6,911	9,095	889	17,334	3,437	13,897	19.8
„ „ 1951 ..	—	8,547	7,751	815	17,113	4,936	12,177	28.8
„ „ 1950 ..	—	11,109	6,006	1,063	18,178	5,618	12,560	30.9

Public Health Act, 1936—Part VI

NURSING HOMES

Registration.—Section 187 of the Public Health Act, 1936, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

The following are particulars of registered Nursing Homes accommodating maternity and general cases. There were no additions to the register during the year.

Accommodation provided	Nursing Homes	Beds available
General cases only	2	9
Maternity cases only	2	9
Maternity and General cases ..	9	80
TOTAL ..	13	98

Inspection.—Registered Nursing Homes are visited regularly by the Superintendent Nursing Officer or her Assistants, and an effort is made to visit each Home once in each quarter; thirty-five inspections were made in 1952.

Nurseries and Child Minders Regulation Act, 1948

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of this Act, which came into force on 30th July, 1948, the County Council, as Local Health Authority, are required to register and supervise:—

- (a) *private persons (daily minders)* who receive into their homes, for reward, children under the age of five years to be looked after for the day, or for a longer period not exceeding six days; and
- (b) *premises (day nurseries)* in which children below the upper limit of compulsory school age are looked after, for the day, or for a longer period not exceeding six days.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

The Act empowers the County Council to define requirements which must be complied with:—

- (a) *in the case of day nurseries*, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records; and
- (b) *in the case of daily minders and day nurseries*, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children from more than one household to be received by an unregistered child minder who is not a relative.

Only one application for registration under the Act was received up to the end of 1952. This was from a prospective child minder who was registered accordingly, but as unforeseen domestic circumstances prevented her from receiving children the registration has been suspended temporarily.

National Assistance Act, 1948

WELFARE OF THE BLIND

Although responsibility for the Welfare of the Blind—formerly a duty of the Health Committee under Section 2 of the Blind Persons Act, 1938—passed on the 5th July, 1948, to the Welfare Committee, the Health Committee have until recently continued to make arrangements for the examination by Ophthalmologists of applicants for registration as blind persons.

In order, however, to simplify the procedure relating to the registration of blind persons, it has been arranged that, with effect from the 1st November, 1952, appointments with Ophthalmologists shall be made by the County Welfare Officer.

On 31st December, 1952, the numbers of partially-sighted and blind persons included in the Shropshire Register of Blind Persons were as follows:—

Partially-sighted	..	26
Blind .. ..	..	502
		<hr/>
TOTAL	..	528
		<hr/>

FOOD AND DRUGS ACTS, 1938—1950

Qualitative Sampling of Milk and Other Foods.—Under Section 3 of the Food and Drugs Act, 1938, a person who sells to the prejudice of a purchaser any food or drug, which is not of the nature, substance or quality demanded, is guilty of an offence; and under Section 68 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of food and drugs for analysis, with a view to ensuring that compliance with the requirements of Section 3 is maintained.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County, and during 1952 their sampling officers obtained 1,527 samples (1,076 of milk and 451 of other foods). The results of the examinations of these samples are given in the table on page 62.

Analysis of Food and Drug Samples taken in 1952

Description of Samples	Samples taken				
	Total	Formal		Informal	
		Genuine	Adulterated or Sub-Standard	Genuine	Adulterated or Sub-Standard
Milk	1,076	705	323*	27	21
Sponge, Cake and Pudding Mixtures	190	15	2	134	39
Medicines	48	39	1	8	—
Ice Cream	36	35	1	—	—
Spices and Flavouring	29	23	—	6	—
Beverages	17	14	—	3	—
Jellies	17	7	—	9	1
Cereals	15	2	—	12	1
Sausages	10	10	—	—	—
Dried Milk	9	—	—	7	2
Tinned Vegetables	9	8	—	1	—
Preserves	9	9	—	—	—
Tinned Fruit	8	8	—	—	—
Tinned Meat	7	6	—	1	—
Sauces	7	7	—	—	—
Soup	6	2	—	4	—
Patent Foods	6	6	—	—	—
Cheese	5	5	—	—	—
Wine and Spirits	4	4	—	—	—
Meat and Fish Paste	3	1	—	2	—
Fats	3	3	—	—	—
Black Pudding	2	2	—	—	—
Pork Pie	2	2	—	—	—
Synthetic Cream	2	2	—	—	—
Tinned Fish	2	2	—	—	—
Sandwich Spread	2	2	—	—	—
Confectionery	2	2	—	—	—
Fish Cakes	1	1	—	—	—
TOTAL ..	1,527	922	327	214	64

*See Page 62

***Milk.**—It will be observed from the preceding table that, of the formal samples of milk submitted for analysis, 323 appeared to be non-genuine.

Of these 323 samples:—

- 228 were only slightly deficient in solids-not-fat, and the vendors concerned were notified;
- 21 were slightly deficient in fat, and warning letters were sent to the vendors in these cases;
- 2 which were taken from a retailer were slightly more deficient in fat and a sample was taken “on delivery” to the retailer;
- 1, the “on delivery” sample referred to above, was definitely deficient in fat and was followed up by an “appeal-to-cow” sample; and
- 71 other samples which were appreciably below the legally prescribed standards, were similarly followed up by “appeal-to-cow” samples.

In 46 cases the “appeal-to-the-cow” samples corresponded so closely to the original formal samples that the latter were considered to have been genuine; but in 26 cases, as the “appeal” samples were appreciably above the legal standards, the original samples were considered to have been adulterated, and legal proceedings were instituted against the producers concerned.

The table below gives particulars of these proceedings, which resulted in fines totalling £84 10s. 0d. being imposed upon the producers concerned, and costs totalling £49 12s. 0d. being allowed to the County Council.

Non-Genuine Milk Samples—Legal Proceedings

Magistrates' Court	Analysis of Sample	Court Findings					
		Fine			Costs		
		£	s.	d.	£	s.	d.
Baschurch	(1) 11% added water	8	0	0	2	2	0
	(2) 12% added water	8	0	0	2	2	0
Baschurch	Deficient of 11.3% Fat	2	0	0	3	3	0
Baschurch	(1) 4.4% added water	1	0	0	2	2	0
	(2) 4.7% added water	2	0	0	2	2	0
Bridgnorth	4% added water	3	0	0	4	4	0
Cleobury Mortimer	2% added water	10	0		2	2	0
Ellesmere	Deficient of 10% Fat	Found not guilty— case dismissed			—		
Ellesmere	13% added water	Found guilty—dis- charged on pay- ment of costs			2	7	0
Ludlow	Deficient of 7% Fat	2	0	0	—		
Ludlow	Deficient of 7% Fat	2	0	0	1	1	0
Ludlow	Deficient of 13% Fat	2	0	0	—		
Market Drayton ..	Deficient of 15% Fat	10	0	0	3	3	0
Much Wenlock ..	15% added water	10	0	0	2	2	0
Much Wenlock ..	Deficient of 8% Fat	3	0	0	2	2	0
Oswestry	(1) 10% added water	5	0	0	2	2	0
	(2) 15% added water						
Oswestry	9% added water	5	0	0	3	3	0
Pontesbury	Deficient of 13% Fat	5	0	0	—		
Pontesbury	Deficient of 17% Fat	Found not guilty— case dismissed			—		
Pontesbury	Deficient of 30% Fat	3	0	0	—		
Wellington	6% added water	2	0	0	5	5	0
Wellington	(1) 6% added water	2	0	0	4	4	0
	(2) 7% added water	2	0	0			
Whitchurch	6% added water	2	0	0	3	3	0
Whitchurch	2% added water	5	0	0	3	3	0

Other Foods.—The following particulars indicate the action taken in respect of the 4 formal samples of foods other than milk, referred to in the table on page 61, which were found on analysis to be non-genuine:—

Sample	Analyst's Report	Action Taken
Sponge Mixture ..	Infested with mites	Remaining stocks, amounting to 6 lb., were surrendered.
Cake Mixture .	Contained cornflour not indicated on label	The manufacturers stated that "there had been an error in the mixing process and that it would not happen again."
Indian Brandee ..	Deficient in Ethyl Nitrite ..	On the advice of the Analyst no further action was taken, as Ethyl Nitrite is of a very volatile nature.
Ice Cream ..	42½% deficient in fat ..	The manufacturer was prosecuted and fined £3, with £3 13s. 0d. costs.

Ice Cream.—On 1st March, 1951, by the issue of Circular M.F.1/51, the Ministry of Food prescribed a legal standard for *ordinary ice cream* of at least 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat ; and for *ice cream containing fruit*, a minimum content of 7½ per cent. fat, 10 per cent. sugar and 2 per cent. milk solids-not-fat, but having a total content of these constituents, including the fruit, fruit pulp or fruit puree, as the case may be, of not less than 25 per cent.

By the issue of the Food Standards (Ice-Cream) (Amendment) Order, 1952, however, which came into force on 7th July, 1952, the standard for *ordinary ice cream* was reduced to 4 per cent. of fat, 10 per cent. sugar, and 5 per cent. milk solids other than fat; and the standard for *ice cream containing fruit* was reduced to 6 per cent. fat, 10 per cent. sugar, and 2 per cent. milk solids-not-fat, but having a total content of these constituents, including the fruit, fruit pulp, or fruit puree, as the case may be, of not less than 21 per cent.

During 1952, a total of 36 samples of ice cream were taken by Sampling Officers of the County Council and submitted for chemical analysis; one sample was found to be below the prescribed legal standard and the manufacturer concerned was prosecuted (as indicated in the preceding table).

Tuberculous Milk.—The County Council are responsible (other than in Shrewsbury) for the enforcement of Section 25 of the Food and Drugs Act, 1938, which prohibits the sale for human consumption of milk known to have been obtained from cows suffering from tuberculosis. The herds from which positive samples are obtained are examined by the Veterinary Staff of the Ministry of Agriculture and Fisheries, and the diseased animals are dealt with under the Tuberculosis Order.

Notifications from other Authorities.—When notification is received from the Medical Officer of Health of a neighbouring County that, as a result of biological sampling, the presence of living tubercle bacilli has been ascertained in milk produced in this County, the herd involved is similarly investigated.

Notifications received from other Authorities

Designation of Milk	Herds involved	Cows dealt with under Tuberculosis Order
Pasteurised	—	—
Tuberculin Tested	—	—
Accredited	3	4
Undesignated	10	9
TOTAL ..	13	13

Public Supplies.—For biological examination for tubercle bacilli, samples of milk, designated and undesignated, retailed directly to the public or supplied in bulk to creameries, are obtained as occasion permits by sampling officers of the County Council.

Examination of Milk (Public Supplies)

Designation of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	4	—	4	—
Pasteurised	—	—	—	—
Accredited	23	—	23	—
Undesignated	207	9	198	6
TOTAL ..	234	9	225	6

School Supplies.—Samples of milk supplied to schools are also obtained twice yearly for examination for tubercle bacilli.

Examination of Milk (School Supplies)

Designation of of Milk	Total Samples	Positive	Negative	Cows dealt with under Tuberculosis Order
Tuberculin Tested	57	—	57	—
Pasteurised	59	—	59	—
Accredited	6	1	5	1
Undesignated	18	1	17	1
TOTAL ..	140	2	138	2

Milk in Schools Scheme.—Wherever possible, approval of milk supplied to schools is restricted to that designated either as “Tuberculin Tested” or “Pasteurised.” Should one of these grades not be obtainable, approval is given to an “Accredited” milk, but in the case of a few schools, where milk even of the “Accredited” standard is unobtainable, an undesignated milk is approved, provided that samples of the milk comply with “Accredited” milk standards of cleanliness or “keeping quality,” as evidenced by satisfactory methylene blue tests, and that the premises and methods of production are reasonably satisfactory. These matters are investigated by the County Sanitary Inspector before approval is given, albeit with great reluctance, to the supply of an undesignated milk to school children.

The following are particulars of the numbers of School Departments in the County receiving liquid milk and of the grades of milk supplied during 1952:—

<i>Grade of Milk</i>				<i>Departments</i>	
Pasteurised	245
Tuberculin Tested	73
Accredited	2
Undesignated	5
TOTAL				..	325

During 1952, dried milk was supplied to pupils at one school and at four other schools there was no milk supply, either liquid or dried.

In June, 1952, a census was taken which showed that, at that time, 72.5 per cent. of the pupils in attendance at maintained schools in the County received liquid milk under the Milk in Schools Scheme, compared with 68.3 per cent. in 1951 (when there was a national shortage of milk), and 82.0 per cent. in 1950.

The comparable years are, therefore, 1950 and 1952, and whilst it is difficult to explain the fall in milk consumption, this may be accounted for by the increased canteen facilities which have been made available by the Local Education Authority during the last three years.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined for cleanliness and keeping quality, as far as possible not less frequently than four times a year, irrespective of whether they are obtained from designated or undesignated milk producers; and the following table summarises the results of the examination of samples taken during 1952 :—

Examination of School Milk for Cleanliness and Keeping Quality as evidenced by Methylene Blue Tests

Designation			Satisfactory		Unsatisfactory	
			No.	%	No.	%
Tuberculin Tested	..	154	135	88	19	12
Pasteurised	..	177	175	99	2	1
Accredited	..	10	10	100	—	—
Undesignated	..	21	15	71	6	29
TOTAL			335	93	27	7

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.—With the coming into operation on 1st October, 1949, of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, the County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury, which is an independent authority for the purposes of the Food and Drugs Act), became responsible for the licensing of premises used for the pasteurisation and sterilisation of milk, a function which, in so far as it relates to pasteurising establishments, had before that date been exercised by the District Councils.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1952, licences in respect of twelve pasteurising establishments were renewed by the County Council.

All such establishments are visited fortnightly by the County Sanitary Inspector or other Officers of the Council, when the equipment and methods of production are checked, and samples of milk are obtained for routine examination. Such samples are submitted to a methylene blue colour test in order to determine the keeping quality of the milk, and to a phosphatase test in order to determine whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

In the case of those establishments at which the milk is bottled, tests for sterility are carried out at frequent intervals, bottles being obtained direct from the bottle-washing machines and sent to the Public Health Laboratory for examination.

Particulars are given in the table below of the results of examination of milk samples obtained during 1952 from pasteurising establishments licensed by the County Council, together with corresponding figures for 1951:—

Year	Licensed Establishments at 31st December	Samples	Methylene Blue Test		Phosphatase Test	
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
1951	12	301	300	1	292	9
1952	12	325	325	—	314	11

HOUSING

The administration of the various Housing Acts is the responsibility of the District Councils, the County Council's functions being mainly supervisory.

Housing Act, 1936.—Under Section 88 of this Act, it is a special duty of the County Council to have constant regard to the housing conditions within the Rural Districts, and to obtain, at intervals of not less than one year, information regarding conditions of, and progress in, housing in these Districts, through the medium of returns to be supplied by the District Councils.

Under Section 115 of this Act, it was, *prior to the 1st January, 1939*, the duty of the County Council to contribute to *Rural District Councils* £1 per house for a period of 40 years in respect of each new house built to provide accommodation for the agricultural population; but *since that date*, the payments which the County Council are required to make have been modified, as indicated below, by the Housing (Financial Provisions) Act, 1938, the Housing (Financial and Miscellaneous Provisions) Act, 1946, and the Housing Act, 1952.

Housing (Financial Provisions) Act, 1938.—This Act amends the provisions contained in earlier legislation relating to the payment of exchequer contributions to all housing authorities, and extends the liability of County Councils to pay contributions to all such authorities in the circumstances referred to below.

Under Section 1 of this Act, the Minister is required to pay, in respect of each house completed by *any* Council of a County District *after 31st December, 1938, and before 18th April, 1946*, and approved by him for the purposes of the Act, an annual contribution for 40 years of £5 10s. 0d.; but in Districts *where the rents are substantially less than the average* and where the provision of such accommodation is likely to place an undue financial burden on the District, the Minister may, at his discretion, increase the exchequer contribution to £6 10s. 0d. per house.

Under Section 2 of this Act, the Minister is required to make, in respect of each house provided as accommodation *for the agricultural population*, an annual contribution of £10 per house for 40 years.

Under Section 7 of this Act, the County Council are required to make a contribution of £1 per house for 40 years in respect of each house for which the housing authority receives an exchequer contribution of either £6 10s. 0d. under Section 1, or £10 under Section 2.

Houses *completed after the 18th April, 1946*, however, now rank for payment of increased contributions in accordance with the provisions of the Housing (Financial and Miscellaneous Provisions) Act, 1946; and in special circumstances certain houses, *completed before that date but not earlier than 31st December, 1939*, may also rank for these increased payments.

Note: The Minister may, when the cost of providing such accommodation is high, increase his contributions of £10 per house under Section 2, to a maximum of £12 per annum, in which case the annual payment by the County Council is increased by an equal amount.

Housing (Financial and Miscellaneous Provisions) Act, 1946.—Under Section 1 of this Act, the Minister of Housing and Local Government is required to make, in respect of each new house completed *after the 18th April, 1946*, by a housing authority in discharge of their functions, an annual grant of £16 10s. 0d. for 60 years.

Under Section 3 of the Act, in respect of each house provided by way of accommodation *for the agricultural population*, an annual exchequer contribution of £25 10s. 0d. per house is payable at the discretion of the Minister to the Housing Authority for a like period; and, upon application by the Housing Authority, the Minister may, again at his discretion, pay a similar contribution in respect of *other houses* provided by the Authority, where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District.

Under Section 8 of this Act, where exchequer contributions are paid at the higher rate under Section 3, the County Council are required to contribute £1 10s. 0d. per house per annum to the Authority for 60 years.

Section 10 of this Act also enables the Minister, in respect of houses completed *during the war years*, to increase any Exchequer contributions payable by him under the Act of 1938, to the equivalent of contributions payable under Sections 2 and 3 of the Act of 1946. In such cases, the contributions payable by the County Council are then increased from £1 for 40 years to £1 10s. 0d. for 60 years.

Housing Act, 1952.—Under Section 1 of this Act, the annual contribution which the Minister of Housing and Local Government is required to make under Section 3 of the Housing (Financial and Miscellaneous Provisions) Act, 1946, is increased from £25 10s. 0d. to £35 14s. 0d. per house, in respect of each house completed after 28th February, 1952.

In such cases the annual contribution which the County Council are obliged to make under Section 8 of the 1946 Act is also increased from £1 10s. 0d. to £2 10s. 0d. per house per annum for 60 years.

Grants paid by the County Council up to 31st December, 1952, under the Housing Acts, 1936—52

District	Houses eligible for Grants	Grants	
		Paid in 1952	Total
		£	£
Atcham Rural	149	208	1,103
Bridgnorth Rural	51	77	301
Clun Rural	88	112	902
Dawley Urban	142	213	605
Drayton Rural	79	98	803
Ellesmere Rural	117	145	1,177
Ludlow Rural	32	48	252
Oswestry Rural	51	71	501
Shifnal Rural	20	30	138
Wellington Rural	76	97	849
Wem Rural	37	56	141
Wenlock Borough	10	12	129
TOTAL	852	1,167	6,901

Small Dwellings Acquisition Acts, 1899—1923.—Under the provisions of the Small Dwellings Acquisition Acts, a Local Authority is authorised to advance money to enable any person to purchase a house in which he resides or intends to reside. The maximum advance permissible, which is repayable within a period of up to thirty years at a rate of interest of one-quarter per cent. in excess of the current rate chargeable on Treasury loans, is ninety per cent. of the ascertained market value of the house, which, for the purpose of the Acts, may not exceed £5,000; the maximum advance which a Local Authority can make is, therefore, £4,500.

For the purpose of these Acts, the term “Local Authority” is defined as “the Council of any County or County Borough,” but any Local Authority is permitted to administer these Acts, to the exclusion of the County Council. In the case of a District having a population of less than 10,000 according to the last census, however, the consent of the County Council to such an arrangement is necessary.

The following are the Authorities within the County who have elected to administer the Small Dwellings Acquisition Acts :

Church Stretton Urban District Council
Ludlow Rural District Council
Newport Urban District Council
Shrewsbury Borough Council
Wellington Rural District Council
Wenlock Borough Council

The table below gives particulars of the number of applications for advances made to the County Council under these Acts during the years 1949 to 1952, and of those in which advances have been approved:—

Year	Applications submitted	Advances granted
1949	4	4
1950	9	9
1951	23	21
1952	14	12

SANITARY CIRCUMSTANCES IN THE COUNTY

In accordance with the decision of the Public Health and Housing Committee in December, 1943, that fuller information regarding the sanitary circumstances in the various County Districts, and in the County as a whole, should be made available to them, the District Medical Officers of Health are requested annually to complete questionnaires relating to Water Supplies, Sewerage and Housing. The information supplied by the District Medical Officers of Health relative to the years 1951 and 1952 has been summarised, in respect of Water and Sewerage, in tabular form below and, in respect of Housing, on page 70.

Water and Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District		Water Supplies		Sewage Disposal	
			Piped and Stand Pipe Supplies		Connected to Public Sewers	
	1951	1952	1951	1952	1951	1952
Dr. Evans						
Oswestry Borough	3,240	3,318	3,174	3,226	3,045	3,100
Ellesmere Urban	699	—	696	—	687	—
Wem Urban	759	770	755	766	724	734
Whitchurch Urban	2,047	2,088	1,957	1,999	1,897	1,942
Ellesmere Rural	1,937	—	404	—	22	—
Oswestry Rural	4,713	4,947	2,646	2,720	1,449	1,509
Wem Rural	3,164	3,193	460	475	Nil	Nil
Dr. Gregory						
Bishop's Castle Borough	417	417	385	393	375	379
Bridgnorth Borough	1,938	1,989	1,933	1,984	1,853	1,905
Ludlow Borough	1,767	1,783	1,766	1,780	1,724	1,743
Wenlock Borough	4,367	4,493	3,720	3,776	2,368	2,420
Church Stretton Urban	828	872	554	743	594	655
Atcham Rural	5,884	5,991	1,968	2,235	937	950*
Bridgnorth Rural	3,650	3,710	1,143	1,207	501	504
Clun Rural	2,990	3,014	1,510	1,530	—	—
Ludlow Rural	4,099	4,128	—	1,760	589	625
Dr. Stewart						
Dawley Urban	2,448	2,490	—	—	972*	1,014*
Market Drayton Urban	1,619	1,633	1,616	1,630	1,462	1,496
Newport Urban	1,065	1,098	1,064	1,098	1,042	1,075
Oakengates Urban	3,357	3,403	3,357	3,403	2,768	2,847
Wellington Urban	3,157	3,325	3,148	3,325	3,118	3,286
Drayton Rural	2,513	2,526	912	989	305	322
Shifnal Rural	2,871	2,919	2,113	2,200	1,583	1,634
Wellington Rural	6,118	6,255	4,339	4,510	3,316	3,516
Dr. Roads (appointed 18th August, 1952)						
Shrewsbury Borough	12,705	12,779	12,629	12,703	12,258	12,371

*Approximate figure

— No figures available

Housing—Summary of Answers to Questionnaires

Medical Officer and District	Popu- lation (1951) (Census)	Houses in District		Fit		In need of Minor Repairs		For Reconditioning		For Demolition		For Replacement		Erected during	
		1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
Dr. Evans															
Oswestry B. . .	10,713	3,240	3,318	2,462	2,504	390*	390*	174*	174*	250*	250*	300*	300*	60	78
Ellesmere U. . .	2,159	699	—	464	—	165	—	30	—	40	—	49	—	4	—
Wem U. . .	2,410	759	770	573	589	111	106	25	25	50	50	76	76	15	11
Whitchurch U. . .	6,856	2,047	2,088	1,097	1,138*	600*	600*	150*	150*	200*	200*	233*	233*	15	41
Ellesmere R. . .	8,635	1,937	—	1,013	—	454	—	320	—	150	—	164	—	52	—
Oswestry R. . .	20,786	4,713	4,947†	2,326	2,394	1,736*	1,736*	207*	207*	444*	444*	473*	473*	88	68
Wem R. . .	12,044	3,164	3,193	1,292	1,330	1,303	1,294	493	493	76	76	139	139	58	29
Dr. Gregory															
Bishop's Castle B. . .	1,291	417	417	—	293*	—	40*	—	64*	—	20*	—	21	Nil	Nil
Bridgnorth B. . .	6,244	1,938	1,989	1,608	1,659	—	—	54	54	276	276	360	350	58	51
Ludlow B. . .	6,455	1,767	1,783	—	1,321	—	172	—	89	—	201	—	300	25	16
Wenlock B. . .	15,093	4,367	4,493	—	—	—	—	—	—	—	—	—	—	70	126
Church Stretton U. . .	2,580	828‡	872	—	825	—	18	—	29	—	Nil	—	10	4	44
Atcham R. . .	21,274	5,884	5,991	—	—	—	—	—	—	—	—	—	—	37	107
Bridgnorth R. . .	16,166	3,650	3,710‡	1,752	1,818	952	952	673	673	273	267	304	298	15	58
Clun R. . .	9,764	2,990	3,014‡	—	—	—	—	—	—	—	—	—	—	20	22
Ludlow R. . .	13,946	4,099	4,128	380§	650	308§	568	307§	2,842	120§	68	300	130*	43	29
Dr. Stewart															
Dawley U. . .	8,369	2,448	2,491	1,430	1,473	—	—	—	—	661*	661*	937*	937*	30	43
Market Drayton U. . .	5,638	1,619	1,633	1,086	1,100	350	348	103	110	80	75	200	200	—	14
Newport U. . .	3,744	1,065	1,098	805	854*	56*	62*	70*	82*	134*	100*	150*	120	10	33
Oakengates U. . .	11,659	3,357	3,403	1,851	1,936	220	206	586	576	700	685	977	962	26	61
Wellington U. . .	11,412	3,157	3,325	2,123	2,291	372	372	456	456	206	206	306	306	62	168
Drayton R. . .	10,623	2,513	2,526	538	555	967	971	799	795	209	205	209	205	45	17
Shifnal R. . .	13,534	2,871‡	2,919	1,294‡	1,319	670‡	690	702‡	700	205‡	210	230	215	62	51
Wellington R. . .	23,523	6,118	6,255	3,607	3,764	942	942	880	880	689	669	701	700*	79	211
Dr. Roads															
Shrewsbury B. . .	44,926	12,705	12,779	—	—	—	—	—	—	850*	850*	—	—	263	170

* Approximate figures.

—Figures not available.

† These figures include married quarters at an Army Camp not hitherto included.

‡ Amended figures.

§ Housing Survey, 1945

WATER SUPPLIES

Public Health Act, 1936.—The table on page 73 gives particulars of the grants which have been *paid or promised* by the County Council under Section 307 of the Public Health Act, 1936.

It will be noted that, up to the end of 1952, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

The following table gives particulars of the only water supply scheme submitted for grant purposes under the Public Health Act by District Councils up to the end of 1952, and upon which the County Council by the end of that year, *had made no decision* in the matter of grant:—

District	Description of Scheme	Estimated Cost
Newport U. . .	For the augmentation of existing water supply and reservoir facilities . .	£ 29,400

Rural Water Supplies and Sewerage Acts, 1944 and 1951.—Under these Acts, a sum of £45,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council are required, by Section 2 of the Act of 1944, to contribute towards the cost.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under these Acts up to the end of 1952, are given in the table on page 74.

Note: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1952, but upon which the County Council *had made no decision*, are given in the tables on pages 75 to 78, and it will be seen that the capital cost of these various schemes amounted to a total of £1,100,612.

SEWERAGE AND SEWAGE DISPOSAL

Public Health Act, 1936.—Particulars of the grants which have been *paid or promised* by the County Council to District Councils under Section 307 of the Public Health Act, 1936, are given in the table on page 79.

The tabular statement below gives particulars of sewage disposal schemes submitted for grant purposes by District Councils upon which the County Council, at the end of 1952, *had made no decision* in the matter of grant:—

District	Description of Scheme	Estimated Cost
		£
Oakengates U.	Priority portions of a comprehensive scheme for the re-sewering of the Urban District and the construction of new sewage disposal works ..	41,000
Wellington U. ..	The first portion of a comprehensive scheme for the improvement and extension of the existing sewerage and sewage disposal facilities in Wellington	50,000
Wem U. ..	The first and second portions of a scheme to improve the sewerage and sewage disposal facilities in Wem	24,050

Rural Water Supplies and Sewerage Acts, 1944 and 1951.—By the end of 1952, grants under these Acts had been *paid or promised* by the County Council in respect of four sewage disposal schemes, particulars of which are contained in the following table:—

Rural District	Scheme	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
		Properties	Inhabitants			Annual Maximum	Period (years)	Paid to 31/12/52
Atcham ..	Cross Houses	123	580	£ 17,590	£ 8,750	£ 393	30	£ 477
Drayton ..	Hodnet ..	124	1,521	14,220	2,400	152	30	—
Ludlow ..	Cleobury Mortimer	285	1,140	32,000	14,000	288	30	693
Wellington ..	Edgmond ..	219	1,136	62,700	30,000	983	30	—

Particulars of sewage disposal schemes, submitted by District Councils for grant purposes under these Acts, but upon which the County Council, by the end of 1952, *had made no decision* in the matter of grant, are given in the table on page 80, from which it will be observed that the capital cost of these schemes amounted to a total of £359,100.

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Esti- mated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhab- itants			Author- ised	Period (Yrs.)	Loan	Main- tenance	Basis	Max- imum	Paid to 31 Dec. 52
Atcham R.	Pimhill ..	4/5/35	288	1,152	£ 16,300	£ 2,500	£ 14,820	30 }	£ 858	£ 698	50 % annual deficit	£ 6,675	£ 3,190
	West Atcham ..	2/5/36	1,876	7,596	75,100	15,000	1,480 57,297	15 } 30	4,285	700	,,	24,000	10,500
Bridgnorth R.	Stottesdon ..	6/11/37	28	100	2,660	250 }	3,100	30	153	50	Block Grant	250	250
	Kinlet ..	6/11/37	27	100	1,350	150 }			48	30	,,	150	150
Chun R. ..	Bucknell ..	27/7/35	72	280	2,915	200	—	25	169	20	50 % annual deficit	885	99
	Worthen and Brockton ..	1/5/37	88	350	4,500	400	4,100	30	225	—	,,	1,245	581
Drayton R.	Kempton ..	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore ..	3/11/34	137	524	4,080	—	3,655 425	30 } 25 }	189	378	50 % annual deficit	885	377
	Hodnet ..	4/5/35	118	400	3,887 (Actual) 6,550	450	—	—	—	—	Block Grant	900	900
	Ightfield ..	7/11/36	119	468		75	6,475	30	—	—	50 % annual deficit	3,179	993
Ludlow R. . .	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	,,	1,656	475
	Clee Hill ..	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33½ % annual deficit	1,837	676
Oswestry R.	Weston Rhyn ..	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
	Llanymynech ..	2/11/35	93	372	8,500	1,850	—	—	—	—	,,	1,850	1,850
	Nantmawr ..	7/11/36	27	108	1,268	—	1,160	30	68	5	50 % annual deficit	639	266
	Gronwen ..	7/11/36	10	40	437	—	373	30	23	2	,,	225	50
	Llyncllys ..	7/11/36	24	96	783	—	746	30	14	5	,,	415	140
	Selattyn (Ext'n)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	,,	2,032	745
Wellington R.	Edgmond ..	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
					£ 146,014							£48,123	£22,542

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Scope of Scheme		Estimated Capital Cost	Exchequer Grant	County Council Grant		
			Properties	Inhabitants			Maximum	Period payable	Total Payments
Atcham R.	West Atcham and Pimhill (extension)	May, 47	2,209	11,444	£ 138,402	£ 58,000	£ 3,047	30 years	£ 3,403
Bridgnorth R.	Alveley	June, 50	38	Not known	4,130	600	49	30 years	49
	Claverley ..	May, 47	243	972	14,040	1,500	187	12 years	750
	Neen Savage ..	June, 50	84	356	8,330	2,800	181	30 years	181
Clun R. ..	Clungunford and Aston-on-Clun	Jan., 47	110	393	16,268	3,500	177	30 years	533
East Shropshire Water Board	Aston	Mar., 52	26	103	3,700	800	38	30 years	—
	Kynnersley ..	Sept., 52	50	145	3,621	2,000	71	30 years	—
Ludlow R. ..	Little Isle and Studley	Sept., 50	27	81	2,641	550	40	30 years	—
	Craven Arms ..	Sept., 50	63	Not known	6,480	600	79	30 years	—
	Coreley ..	Sept., 50	19	Not known	4,260	650	58	30 years	—
	Clee Hill (Hill Top) ..	Dec., 50	16	Not known	2,270	1,200	{ 60 26	20 years 10 years	—
	Little Stretton and Marshbrook	Mar., 51	23	62	4,780	1,900	121	30 years	—
					£208,922	£74,100			£4,916

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Water Supply Schemes submitted up to the end of 1952, but in respect of which no decision was made in the matter of grant

Authority	Scheme	Estimated Cost	Description of Scheme
Atcham R. . .	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000	£	
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. . .	High Level Areas	340,000	For supplying the High Level Areas of the Bridgnorth and Ludlow Rural Districts.
	Broughton	1,844	For the extension of the Wolverhampton Corporation's water main to Broughton.
	Worfield	13,650	For the extension of the Wolverhampton Corporation's water main to Worfield.
	The following schemes will eventually form part of a comprehensive scheme known as the Low Level Areas Scheme, which is estimated to cost £216,000.		
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
	Button Bridge	5,160	For the extension to Button Bridge of an existing water main which terminates at Button Oak.
Clun R.	Highley and Alveley	35,500	For the extension of the Kinlet water supply to the villages of Highley and Alveley.
	The following schemes will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Chirbury, Marton and Bentrant	41,250	For the provision of a piped water supply for the parishes of Chirbury, Worthen, Shelve and Churchstoke.
	Edgton	9,200	For the provision of a piped supply for Edgton village from a local source.
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.

(Continuation of table on Page 75)

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
Drayton R. . .	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District, estimated to cost £185,000.		
	Hodnet, Ightfield and Moreton Saye	44,400	For the improvement and extension of existing piped supplies.
	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
East Shropshire Water Board	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Chetwynd	15,620	For the provision of piped water supplies for the parish of Chetwynd.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	6,750	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.

(Continuation of Table on Page 76)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Tibberton	£ 11,600	For the extension of an existing main at Kinnersley to the village of Tibberton.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
Ludlow R. . .	The following scheme will eventually form part of a large comprehensive scheme for the Ludlow Rural District, estimated to cost £168,700.		
	Bitterley	2,500	For the provision of a piped water supply for the village of Bitterley.
	The following two schemes will eventually form part of a larger scheme known as the South-East Parishes Scheme and estimated to cost £96,400.		
	Cleobury Mortimer (East Foreign Ward)	7,300	For supplying the East Foreign Ward with a piped water supply from the Elan Aqueduct.
	Richard's Castle	9,680	For supplying the parish of Richard's Castle with a piped water supply from the Elan Aqueduct.
	The two schemes below will form part of a proposed larger scheme to be known as the Western Area Water Supply Scheme.		
	Rushbury	14,600	For the provision of a piped water supply for the parish of Rushbury.
	Ticklerton	2,975	For the provision of a piped water supply for the village of Ticklerton.

(Continuation of Table on Page 77)

Authority	Scheme	Estimated Cost	Description of Scheme
Oswestry R. ..	The following scheme will form part of a comprehensive scheme for the whole of the Oswestry Rural District which is estimated to cost £383,108.	£	
	Molverley and Pentre ..	21,000	For the provision of a piped water supply for the villages of Molverley and Pentre.
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL ..	£1,100,612	

Public Health Act, 1936

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	County Council Grant		
			Properties	Inhabitants		Basis	Amount promised	Paid
Bridgnorth M.B.	Bridgnorth ..	July, 48	2,000	7,000	£ 90,000	20 % of original cost of £62,000	£ 12,400	£ —
Dawley U.	Dawley ..	Nov., 49	1,800	6,800	76,650	30 % of cost	22,995	—
Newport U.	Newport ..	Nov., 49	1,246	5,000	41,000	15 % of cost	6,150	—
Wenlock B.	Broseley ..	Feb., 39	540	2,200	8,800	15 % of cost	1,320	1,320
Shifnal R.	Albrighton ..	Nov., 44	783	2,800	13,077	25 % of cost	3,269	3,269
Wellington R.	Ketley and Lawley	May, 36	796	650	31,975	25 % of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	388	1,552	18,460	20 % of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	—	—	*9,000	20 % of cost	1,400	1,400
	Ditto ..	May, 43	—	—	16,850	20 % of cost	3,370	3,370
					£305,812		£62,596	£21,051

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Rural Water Supplies and Sewerage Acts, 1944 and 1951

Sewerage Schemes submitted by District Councils up to the end of 1952, but in respect of which no decision was made in the matter of grant.

District	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Bayston Hill	£ 46,490	For the re-sewering of the village of Bayston Hill.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	18,800	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	12,000	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ludlow R. ..	Ashford Carbonell ..	11,700	For the provision of sewage disposal facilities in an area as yet unsewered.
	Clee Hill	17,100	For the provision of sewerage and sewage disposal facilities in the village of Clee Hill and the hamlets of Titrail and Knowle.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Morda	13,000	For the improvement of existing facilities.
	Weston Rhyn	32,776	For the improvement of existing facilities and the provision of new sewage disposal works in conjunction with Ceiriog Rural District Council.
Shifnal R. ..	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Wellington R. ..	Hadley	47,550	For the extension and modernisation of the existing sewage disposal works.
	High Ercall	10,070	For the improvement and extension of existing facilities and purchase of Air Ministry sewage disposal works.
Church Stretton U.	All Stretton	18,950	For the extension and improvement of existing facilities and the provision of new sewage disposal works.
Wem R.	Ash Magna and Ash Parva	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Prees	23,000	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley	19,365	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	£359,100	

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

During the year 1950, the sampling of effluents from sewage disposal works in the County was undertaken by Sanitary Officers of the County Council, and the results of the County Analyst's examination of these samples were notified to the District Councils concerned, and also to the Clerk of the Severn River Board.

At the beginning of April, 1951, the Severn River Board, within whose area of jurisdiction the major portion of the County is situated, established a laboratory of their own for the examination of samples of sewage effluents, and commenced a comprehensive survey of rivers within their area, including the sampling of all sewage and trade effluents. It is no longer necessary, therefore, for routine sewage samples to be obtained by County Council sampling officers, but the Severn River Board have agreed to supply the County Medical Officer of Health with copies of the analytical reports on all river water, trade and sewage effluents obtained by their sampling officers as and when they become available.

The findings of the Board's Analyst upon the samples of sewage effluents obtained in this County during 1952 are summarised in the following table:—

Particulars of the results of the analyses of samples of Sewage Effluents taken by Inspectors of the Severn River Board during 1952

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ATCHAM RURAL	Pontesbury ..	21st October	Unsatisfactory because of excessive suspended matter.
	Grafton Camp ..	13th Nov. ..	Borderline.
BRIDGNORTH BOROUGH	Bridgnorth ..	25th June ..	Highly polluting; removal of the suspended matter would effect considerable improvement.
	Ditto	25th June ..	The pollution is such that the stream water would be considered unsatisfactory as a sewage works effluent.
BRIDGNORTH RURAL	Highley (Wren's Nest)	2nd October	A thoroughly unsatisfactory effluent; reduction of the suspended solids would be an improvement.
	Highley (New England)	2nd October	This is virtually untreated domestic sewage.
DRAYTON RURAL	Hodnet	24th Nov. ..	The suspended solids are rather high.
ELLESMERE URBAN	Wharf Meadow	26th August	Neither the suspended solids nor the Biochemical Oxygen Demand conform to the Royal Commission Standards.
	Oswestry Road .. (Old Works)	24th Sept. ..	The suspended solids are much too high; if they were reduced the effluent would probably be satisfactory.
	Oswestry Road .. (New Works)	24th Sept. ..	There is some nitrification and the filters are evidently in the process of maturing.
	Oswestry Road .. (Old Works)	11th Dec. ..	Unsatisfactory; the suspended solids are very high.

(Continuation of Table on Page 81)

District	Location of Sewage Works	Date of Sampling	Observations of Analyst
ELLESMERE RURAL	Nesscliffe Camp	7th October	The treatment is inadequate and the effluent is unsatisfactory.
	Petton Hall School	13th Nov. ..	Virtually an untreated domestic sewage.
LUDLOW BOROUGH	Ludlow	16th July ..	The suspended solids are excessive; if they were reduced the effluent would probably be satisfactory.
LUDLOW RURAL	Cleobury Mortimer	19th March	The Biochemical Oxygen Demand is a little high, but otherwise satisfactory.
	Ditto	27th August	Would be a satisfactory effluent if the suspended solids were reduced.
MARKET DRAYTON U.	Market Drayton	9th July ..	A reduction of the suspended solids would probably render the effluent satisfactory.
	Market Drayton (Victoria Mill)	24th Sept. ..	The Biochemical Oxygen Demand is satisfactory and the effluent well nitrified; the suspended solids are a little high.
NEWPORT URBAN	Newport	9th July ..	This effluent is a partially treated sewage discharging into a small stream.
	Ditto	28th August	A fairly strong domestic sewage.
	Ditto	28th August	There is an appreciable, although inadequate, degree of purification achieved.
	Ditto	28th August	Land treatment effects a further useful purification but the effluent, though improved, remains unsatisfactory.
	Ditto	4th Sept. ..	Unsatisfactory.
	Ditto	11th Sept. ..	Unsatisfactory.
OAKENGATES URBAN	Trench	14th July ..	—
	Ditto	28th August	The brook water would be regarded as a quite unsatisfactory sewage works effluent.
	Ditto	11th Sept. ..	The condition of the brook is quite unsatisfactory.
	Ditto	29th Oct. ..	The brook may be regarded as an unsatisfactory sewage works effluent.
	Ditto	29th October	This sample is a little better than the previous one.
OSWESTRY BOROUGH	Oswestry	7th October	Unsatisfactory; confirms the necessity for new works.
	Ditto	11th Dec. ..	Satisfactory.
	Ditto	11th Dec. ..	This effluent would be quite unsatisfactory if passed directly to the stream.
	Ditto	11th Dec. ..	This is a considerable improvement on the previous sample.
OSWESTRY RURAL	Gobowen	26th August	The suspended solids are much too high; if they were reduced the effluent would probably be satisfactory.
	Park Hall	26th August	Satisfactory.

Continuation of Table on Page 82)

SHIFNAL RURAL	Shifnal	21st July ..	If the suspended solids were reduced the effluent would probably be satisfactory.
SHREWSBURY BOROUGH	Shrewsbury	4th Sept. ..	Unsatisfactory.
	Ditto	6th October	Unsatisfactory.
	Ditto	12th Nov. ..	The analysis is characteristic of a fairly strong untreated sewage and is much worse than any previous sample.
	Ditto	19th Nov. ..	The analysis is still characteristic of an untreated sewage and the cyanide content renders it toxic.
	Ditto	28th Nov. ..	The analysis is that of untreated sewage; the cyanide and tar acids content means that it is toxic.
WELLINGTON URBAN	Shawburch	11th August	A medium to strong industrial sewage.
	Ditto	13th August	A medium to strong industrial sewage.
	Ditto	15th August	A strong industrial sewage.
	Orleton Lane Modern School	15th October	Unsatisfactory because of the excessive suspended solids.
WELLINGTON RURAL	Hadley and Ketley	20th May ..	Virtually an untreated domestic sewage.
	Ditto	30th June ..	A marked improvement on the preceding sample.
	Ditto	14th July ..	Satisfactory.
	Ditto	4th Sept. ..	Satisfactory.
	Ditto	11th Sept. ..	Satisfactory.
	Ditto	4th Nov. ..	Unsatisfactory.
	Ditto	16th Dec. ..	The Biochemical Oxygen Demand is rather high and there is little nitrification; the suspended solids are, however, lower than previously.
	Lawley	11th Sept. ..	Unsatisfactory.
	Ditto	15th October	This effluent is satisfactory if the dilution is adequate.
	Cluddley	6th October	A highly polluting discharge.
	Donnington	4th Nov. ..	A well purified effluent, but the suspended solids are a little high.
	Ditto	24th Nov. ..	A borderline effluent.
	Ditto	16th Dec. ..	A much poorer effluent than previously.
	Wem	9th July ..	The suspended solids and the Biochemical Oxygen Demand are high and the effluent cannot be regarded as satisfactory.
	Ditto	19th Nov. ..	Unsatisfactory.
WEM RURAL	Shawbury	9th July ..	Satisfactory.

Local Government Act, 1933—Section 111

MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS

In June, 1951, Circular No. 27/51 was issued by the Ministry of Health, stating that, in view of the reduction which had occurred in the responsibilities of many Medical Officers of Health of County Districts as a result of the National Health Service Acts, and with a view to effecting economies in the use of medical manpower, County Councils should review the arrangements which they had originally made under the above-mentioned Act for securing that Medical Officers of Health of County Districts should be whole-time and precluded from engaging in private practice.

The existing arrangements for this County, which were made by the County Council in 1935, provided for a whole-time Medical Officer of Health for the Borough of Shrewsbury, and for the remainder of the County to be split into four groups, the Districts in each group combining in appointing a whole-time Medical Officer. These arrangements had, however, never been implemented in full.

Proposals for a new scheme involving the principle of “mixed appointments”—whereby the same Medical Officer would carry out, on behalf of the County Council, their “personal” health services under the National Health Service and Education Acts in a given area and, at the same time and for the same area, would perform on behalf of the District Council or Councils concerned, “environmental” (or sanitary) services under the Public Health Acts—were submitted to a conference of representatives of the County Health Committee and the Councils of County Districts in May, 1952.

The conference ultimately decided that these draft proposals should be considered by the Councils of County Districts, and that a further conference should be held before final proposals were submitted to the Ministry of Health for approval.

After considerable subsidiary discussions between the Councils of Districts in various parts of the County, the Health Committee in September, 1952, considered a report in which the views expressed by the District Councils were summarised.

The Health Committee, because of the illness of the Chairman of the Health Committee and in view of the impending retirement of the County Medical Officer, decided not to convene a further conference at that time, but to postpone consideration of the matter until the summer of 1953.

Review of Local Health Services, 1948 to 1952

GENERAL

1. ADMINISTRATION

In formulating proposals for the various health services for which they were made responsible under the National Health Service Act, 1946, the County Council gave consideration to the question of Divisional or Area Administration. They decided, however, that in a sparsely populated rural county such as Shropshire where the County Council Administrative Offices were both centrally situated and located in the more populous part of the County, this method of decentralised control had little to commend it and was unlikely to be economical either in money or in manpower. Nothing has happened in connection with the administration of the Local Health Services to call in question the wisdom of this decision.

Except in the case of the Ambulance Service, therefore, where a very limited form of decentralised administration is carried out by Local Ambulance Sub-Committees, the Local Health Services in this County are administered centrally by the County Health Committee, through various sub-committees, as follows:

Health (Nursing) Sub-Committee: This Sub-Committee includes a substantial proportion of co-opted members representative of the Shropshire Nursing Association and of the Shrewsbury Borough Council, both of whom had operated services which were taken over by the County Council on the appointed day. The function of this Committee is to advise the Health Committee upon all matters relating to the midwifery, nursing and health visiting services; and it is also the Care Committee under the Council's scheme for the Care and After-care of Tuberculous Patients.

Health (General Purposes) Sub-Committee: This Sub-Committee, which consists of the Chairman and Vice-Chairman of the Health Committee, and the Chairman of each Health Sub-Committee, meets monthly to deal with matters of urgency in connection with the day-to-day administration of the Local Health Services, and in particular with matters connected with the Ambulance Service.

Health (Mental Health) Sub-Committee: This was originally constituted to advise the Health Committee upon the administration of the Mental Health Service, but it was decided in 1952 that in future this duty should also be the responsibility of the Health (General Purposes) Sub-Committee.

Local Ambulance Sub-Committees

In addition to the Sub-Committees referred to above, there are eight Local Ambulance Sub-Committees, each of whom are responsible for the day-to-day administration of one of the eight ambulance sub-depots, which operate in the more outlying parts of the County under the general direction and control of the County Ambulance Officer. The membership of each Sub-Committee is designed to make it representative of the County Council, of the Councils of the County Districts in the area of the ambulance sub-depot, of the medical profession and of local voluntary bodies (Red Cross Society, St. John Ambulance Brigade, etc.), but in each Sub-Committee County Councillors are in the minority.

With the exception of the Bishop's Castle Local Ambulance Sub-Committee, the appointments of Clerk and Local Ambulance Officer of the Sub-Committee are held jointly by an officer who is usually, but not in all cases, the Clerk of one of the District Councils.

Administrative Staff on 31st December, 1952

The County Medical Officer is responsible for the general administrative control of the Local Health Services, assisted by medical and nursing staff, particulars of whom are given below:

- (a) The Deputy County Medical Officer of Health.
- (b) Nine Assistant Medical Officers (who undertake Maternity and Child Welfare and School Health duties, and who are also Certifying Officers under the Mental Deficiency Acts).
- (c) A General Practitioner Obstetrician (who attends the Ante-Natal and Post-Natal Clinics at the two Welfare Centres in the Borough of Shrewsbury).
- (d) A Chief Dental Officer.
- (e) Three Assistant Dental Officers who, although originally appointed for the purposes of the School Dental Service, undertake the dental care of expectant and nursing mothers and young children.
- (f) A Superintendent Nursing Officer who, with a Deputy Superintendent and two Assistant Superintendent Nursing Officers, supervises the work of the Health Visitors, Midwives and Home Nurses.
- (g) A County Ambulance Officer.
- (h) A Principal Duly Authorised Officer, who is assisted by a part-time Duly Authorised Officer.

2. CO.ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

ADMINISTRATIVE

Co-operation with the Hospital, Specialist and General Practitioner Services is secured, in the first instance, at officer level. Any actual or proposed development in the Local Health Services which affects the Hospital, Specialist or General Practitioner Services, is brought to the notice of, or dealt with through, the officers responsible for their administration on behalf of the Regional Hospital Board, Hospital Management Committees, or the Executive Council, as the case may be.

With the object of securing closer co-ordination in matters affecting one or other of the three branches of the National Health Service, a Liaison Committee was constituted in April, 1951, on which equal representation was given to the No. 15 (Shrewsbury) Group Hospital Management Committee (whose administrative area covers the greater part of the County), the Executive Council and the County Council. The formation of this Committee foreshadowed in fact the proposals, outlined in Ministry of Health Circular 11/52, for securing co-ordination and co-operation between the various bodies responsible for the services provided locally under the National Health Service Acts by the setting up of Local Joint Health Consultative Committees.

Particulars are given below of the ways in which co-operation in the care of patients is effected between the Local Health Authority and the Hospital and the General Practitioner Services.

(a) Hospitals**(i) *Maternity Cases***

Under arrangements made by the Regional Hospital Board, maternity patients requiring admission to hospital for “social” reasons are referred to the County Medical Officer of Health for investigation in order to ascertain whether or not confinement can properly take place at home; and in this way, admissions to hospital for confinement are restricted to those for whom it is essential.

When maternity patients who have been confined in hospital are about to be discharged, notice is given by the hospital concerned to the County Medical Officer of Health, and arrangements are then made for these patients to be visited in their homes on the day of discharge by the domiciliary Midwife, who keeps them under supervision during “the lying-in period.”

(ii) *Care and After-care of Hospital Patients (General)*

In the case of other patients, arrangements have been made by the Regional Hospital Board for advance notice to be given to the Medical Officer of Health of the Local Health Authority of all patients in need of after-care on discharge from hospital. Any necessary care and attention is then provided through the Council’s Home Nursing or Health Visiting Services, as the case may be; and home help is also made available, when required, under the Council’s Domestic Help Service.

Arrangements are also made for a short period of residence in a convalescent home in the case of those patients whose convalescence involves no more than rest, good food, fresh air and regular hours, when this is considered to be necessary.

(iii) *Mental Health*

Patients suffering from mental illness are supervised on discharge from hospital by the whole-time Health Visitors, but in the case of those discharged from Shelton Hospital, to which practically all mental patients from this County who are in need of in-patient treatment are admitted, the initial domiciliary visits are made by a Psychiatric Social worker on the staff of that hospital, before being referred for ultimate supervision by the Health Visitors.

(iv) *Mental Deficiency*

In addition, the whole-time Health Visitors undertake the domiciliary supervision, on behalf of various Regional Hospital Boards and Hospital Management Committees, of mental defectives licensed from institutions to the care of persons resident in this County.

(b) General Practitioners**(i) *Care of Mothers***

Domiciliary Midwives assist general practitioners with the ante-natal and post-natal care of patients for whom they have undertaken to provide Maternity Medical Services, and if required attend their surgeries for that purpose.

(ii) *Domestic Help*

Where the services of Home Helps are provided for chronic sick cases, close liaison is established with the general practitioners concerned in order that, in the event of deterioration in the patient’s condition, admission to hospital may be effected without delay.

PUBLICITY

(a) General Practitioners

Information relating to various stages of development in the Local Health Services which are of interest to general medical practitioners is made known to them in a number of ways:—

- (i) through the Local Executive Council and the Local Medical Committee, and
- (ii) through circularisation by post of descriptive memoranda.

(b) The Public

It has always been intended to issue, for the information of the general public, a guide to the various health services as soon as they had reached a more permanent stage of development, and the time is now approaching when it will be possible to do so. So far, it has been considered expedient to disseminate this information through the medium of the personnel of the medical, dental, health visiting and domiciliary nursing staffs of the County Council in the course of their ordinary duties or during their attendance at Welfare Centres, Clinics and School Medical Inspections.

New developments, such as the opening of clinics of one kind or another in areas not previously served, are brought to the notice of the public through the medium of the press, medical practitioners, Women's Institutes and other bodies, and by the distribution of leaflets and the exhibition of posters at Welfare Centres and other public buildings.

In the case of the Vaccination and Diphtheria Immunisation Services, information concerning the facilities provided by the County Council is sent direct to the parents concerned in the form of a letter. For purposes of vaccination, this letter is sent on receipt of the notification of birth, and for diphtheria immunisation purposes when the infant attains the age of six months.

3. JOINT USE OF STAFF

Employment of General Practitioners

The arrangement made by the Local Health Authority for the employment of general practitioners in the Local Health Services are limited to the Council's scheme for the Care of Mothers and Young Children, as follows:—

(a) *Ante-natal and Post-natal Clinics*

Before the coming into operation of the National Health Service Act, when responsibility for maternity and child welfare services in the Borough of Shrewsbury was that of the Borough Council, arrangements were made for their Obstetrical Consultant to attend ante-natal and post-natal sessions which were held once a fortnight at each of the two Welfare Centres in the Borough.

Since the transfer of these functions to the County Council on the appointed day, the services of this General Practitioner Obstetrician have continued to be available at these clinics.

(b) *Birth Control Clinic*

Following the closure of the clinic conducted in the Borough of Shrewsbury by the Family Planning Association, arrangements were made by the County Council for a Birth Control Clinic to be held at the Child Welfare Centre, Murivance, on the second and fourth Wednesdays in each month, commencing in June, 1951.

This Clinic is conducted by two female medical practitioners, with special experience in this type of work, who attend alternate sessions.

Staff employed by Regional Hospital Boards

Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant and the other of Senior Hospital Medical Officer status—have been made available to the County Council under their scheme for prevention, care and after-care in relation to tuberculosis, and payment is made by the County Council to the Board of that proportion of their salaries.

4. VOLUNTARY ORGANISATIONS

Midwifery and Home Nursing Services

With the coming into operation of the National Health Service Act, the functions and duties of the voluntary organisations with which the County Council had entered into arrangements, namely, the Shropshire Nursing Association and affiliated District Nursing Associations, were taken over by the Council.

At that time an arrangement also existed under which the Radnorshire County Nursing Association provided a midwifery and home nursing service in the parishes of Llanfair Waterdine, Stowe and Bettws-y-crwyn within this County. This arrangement was terminated, but because of geographical and other difficulties it was subsequently found to be impracticable for the area in question to be efficiently served by Nurses based in this County, and arrangements were again made for the work in this area to be undertaken by Radnorshire Nurses.

Work at Welfare Centres

At five of the twenty-one Welfare Centres provided by the County Council there are voluntary committees who take an active interest in the work, particularly in connection with the purchase and sale of welfare foods, and who receive a small annual grant from the Council.

Moral Welfare

Since the issue in 1943 of Ministry of Health Circular 2866, relating to the care of unmarried mothers and illegitimate children, the Lichfield and Hereford Diocesan Associations for Moral Welfare have undertaken this work on behalf of the County Council, from whom they receive an annual grant.

Three Moral Welfare Workers are at present employed by them in the supervision of unmarried mothers and illegitimate children—two in the area of the Hereford Association in the southern part of the County, and one in that of the Lichfield Association in the northern half of the County.

PARTICULAR SERVICES

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

EXPECTANT AND NURSING MOTHERS

(a) Ante-natal Care

It is the responsibility of the domiciliary Midwife to ensure that every expectant mother resident in the area for which she is responsible receives adequate ante-natal care in her own home.

Where the patient has arranged for maternity medical services to be provided by her own doctor, the Midwife is available to assist the doctor with the ante-natal care of the patient and, if necessary, to attend at his surgery for that purpose. As the Midwife will in any case be required to attend the confinement if it is to take place at home, this arrangement has much to commend it, especially as a medical practitioner who has undertaken to provide maternity medical services is not required, except in case of emergency, to be present at the confinement.

Where, by virtue of unsatisfactory home conditions or for other reasons, arrangements have been made for an expectant mother to be admitted to hospital for confinement, it is the duty of the Midwife, acting of course in co-operation with the medical staff of the hospital concerned, to continue to give the patient domiciliary ante-natal supervision until she has been admitted to hospital.

Similarly, it is the duty of every Health Visitor to ensure that any expectant mother of whom she becomes aware obtains the services of a Midwife in order that the necessary ante-natal care may be given.

Ante-natal clinics are conducted at regular intervals at nineteen of the twenty-one Welfare Centres operated by the County Council. These are attended by the Assistant Medical Officers (except in the Borough of Shrewsbury, where a General Practitioner Obstetrician attends these clinics).

Since the coming into operation of the National Health Service Act, however, there has been a very definite decline in the number of expectant mothers who attend these ante-natal sessions.

(b) Post-natal Care

Domiciliary Midwives undertake the post-natal care, not only of those cases whose confinement they have themselves attended, but also of mothers who have been confined in hospital.

When a mother whose confinement has taken place in hospital is about to be discharged, twenty-four hours' notice of her impending discharge is given by the hospital to the Medical Officer of Health of the Local Health Authority, and arrangements are then made for the Midwife in the area to which she is to be discharged to visit her immediately and undertake such care as may be necessary.

Post-natal care is also given by the Assistant County Medical Officers at Welfare Centres, but very little advantage is taken of the facilities in that way made available.

(c) Serological Examinations

During 1952, arrangements were made for the serological examination of specimens of blood from all patients attending County Council ante-natal clinics. These specimens are examined for blood grouping, Rhesus factor, Wassermann reaction and Kahn test, under arrangements made with the Regional Blood Transfusion Service, Birmingham.

All cases in which the results of these investigations necessitate further action (e.g., Rhesus negative cases, and cases giving positive Wassermann or Kahn reactions) are referred to their own family doctor.

(d) Maternity Outfits

Maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A small supply of these outfits, together with a supply of extra dressings, is held by every domiciliary Midwife, who issues them on request. For distribution to the Midwives as required, a bulk supply of maternity outfits and extra dressings is stored in Shrewsbury.

(e) Unmarried Mothers

As has already been stated in this Review, the Moral Welfare Workers employed by the Lichfield and Hereford Associations function on behalf of the County Council for the purposes of the Council's scheme for the Care of Unmarried Mothers and Illegitimate Children, under the general administrative direction and control of the County Medical Officer of Health. In return for the services of these Workers, of whom one is employed by the Lichfield and two by the Hereford Association, annual grants of £445 and £300, respectively, are made by the County Council.

Under the Council's scheme, Health Visitors, District Nurses, Hospitals and Institutions notify the County Medical Officer of confinements (actual and impending) of unmarried mothers of which they become aware in the course of their work. This information is then forwarded to the appropriate Moral Welfare Worker, who pays an initial visit to each case as soon as practicable, and subsequently as and when necessary, but not less frequently than once during each quarter.

Accommodation for unmarried expectant mothers is provided by the Lichfield Diocesan Association at the Chaddeslode Refuge and Hostel, Shrewsbury, and at Myford House, Horsehay, where a total of 27 beds (16 at Chaddeslode and 11 at Myford House) are available. As a general rule, cases are admitted three months before the date of expected confinement, when they are transferred to hospital, subsequently returning to the Home for a further period, which varies according to the circumstances of each case, but which is usually for a further period of three months.

For these facilities, which are also available for cases from neighbouring counties, the County Council pay annual grants to Chaddeslode and Myford House of £350 and £200, respectively.

In addition to the accommodation above referred to, the Council have arranged with the Herefordshire County Council for the reservation of five beds for unmarried mothers in St. Martin's Home, Hereford, which was opened by the latter Authority in February, 1951. Payment is made to the Herefordshire County Council of that proportion of the total cost of maintenance which the five beds bear to the total accommodation available in the Home—namely, 20 beds.

CHILD WELFARE

(a) Existing Facilities

Child Welfare Clinics, each attended by an Assistant Medical Officer, are held regularly at twenty-one Welfare Centres, two of which (Much Wenlock and St. Martin's) were opened towards the end of 1952:—

<i>Centre</i>	<i>Frequency</i>
Bishop's Castle	1st and 3rd Fridays each month
Bridgnorth	Mondays
Broseley	Alternate Thursdays
Church Stretton	1st and 3rd Thursdays
Dawley	Thursdays
Donnington	Wednesdays
Ellesmere	Alternate Tuesdays
Highley	Tuesdays
Ironbridge	Fridays
Ludlow	Mondays
Market Drayton	Wednesdays
Much Wenlock	Alternate Tuesdays
Newport	Fridays
Oakengates	Tuesdays
Oswestry	Wednesdays
St. Martin's	Alternate Tuesdays
Shrewsbury—Murivance	Tuesdays and Fridays
White House	Thursdays and Fridays
Wellington	Thursdays
Wem	Alternate Tuesdays
Whitchurch	Thursdays

In addition to the above, Welfare Centres which function under arrangements made by the Royal Air Force, and which are attended by County Council Health Visitors, are held at regular intervals at Buntingsdale, Cosford, Tern Hill and Stanmore.

(b) Development

In the proposals formulated by the County Council under Section 22 of the National Health Service Act, it was visualised that, from the appointed day, a period of five years would be required to develop the Child Welfare Clinic Services, and it was anticipated that, within that period, four new Welfare Centres would be provided—at Shifnal, Cleobury Mortimer, Much Wenlock and Minsterley or Pontesbury.

Owing to the need for national economy and the consequent restriction imposed in capital expenditure, these proposals have not been fully implemented, but it has been possible with the co-operation of the British Legion to secure the use of premises at Much Wenlock.

As many of the existing Welfare Centres in the County are in need either of replacement or of structural improvement, a measure of priority has been given to the replacement of such premises, rather than to the erection of Welfare Centres in areas which had not previously been provided with these services. Proposals were, therefore, approved by the County Council for the replacement of existing Welfare Centres at Newport, Dawley, Ellesmere, Ironbridge and Broseley, and the new premises at Newport have in fact just been completed.

The general policy indicated above has been departed from in the case of Madeley, where the development of industry and the consequent increase in population has resulted in recognition of the need for greater clinic facilities. The necessary provision has, therefore, been made in the capital building programme for the erection of a Welfare Centre at Madeley.

(c) General

The availability of free medical services under the National Health Service Act is reflected in the gradual decline which has taken place in the number of pre-school children who attend County Council Welfare Centres, as is shown in the tabular statement below. A further factor is the lack of health visiting staff, whose work in the field is also reflected to a very considerable extent in the number of attendances at the Child Welfare Clinics.

Attendances of Pre-School Children at Welfare Centres

Year	Welfare Centres	Under 1 year		1—5 years	
		Total attendances	New Cases	Total attendances	New Cases
1948	19	28,588	2,627	16,691	758
1949	19	25,509	2,172	15,110	584
1950	19	23,125	2,007	14,161	527
1951	19	24,054	1,925	14,150	505
1952	21	23,332	1,892	13,726	463

CARE OF PREMATURE INFANTS

In order to ensure that premature babies receive the close and careful supervision necessitated by their somewhat precarious existence, such infants, if born at home, are visited frequently by the Health Visitors, particularly during the first month of life, and at weekly intervals thereafter until the weight has increased to at least 6 lb.

Similarly, in the case of premature infants born in hospital, an immediate visit is paid by the Health Visitor on the discharge of the infant, and close supervision is continued until it is no longer required.

In order to meet the special requirements of premature infants who are born and cared for at home, premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder, have been supplied to twelve Home Nurse-Midwives in various parts of the County for use in their districts, or in those of neighbouring Nurses.

During 1951, an order was placed for a Mobile Baby Unit of the type used in Premature Baby Wards of Maternity Hospitals. It has, of course, been specially modified for use in an ambulance, and it is now possible to ensure that when a premature infant has to be admitted to hospital it can be conveyed in an enclosed cot in which the temperature, humidity and oxygen supply is under control. Delivery of this Unit has just been made.

SUPPLY OF DRIED MILKS, ETC.**(a) Welfare Foods**

Under arrangements made by the Ministry of Food, supplies of National Dried Milk, orange juice and cod liver oil are made available for expectant and nursing mothers and mothers of young children. These foods are distributed to expectant and nursing mothers at County Council Welfare Centres through the medium of the Health Visitors, assisted in those Centres where voluntary committees still operate by voluntary workers, although in certain of the Centres a representative of the Food Office attends for the purpose.

Welfare foods are also distributed in the more rural areas of the County in mobile vans. Particulars of the distribution points and days and times of delivery are circulated to the whole-time and part-time Health Visitors, in order to enable them to advise and assist expectant mothers and mothers with young children to obtain supplies of these welfare foods.

(b) Proprietary Brands of Patent Foods

At six of the twenty-one Welfare Centres, the sale of proprietary brands of patent foods is undertaken by voluntary workers under arrangements made by local voluntary committees.

At the remaining Welfare Centres, stocks of infant and other foods are maintained and sold by the Health Visitors. The Medical Officer in charge of the clinic has authority to make free issued of such foods to mothers who are not in a position to pay for them.

DENTAL CARE

Under the Council's scheme for the dental care and treatment of expectant and nursing mothers and children between the ages of two and five years, instructions were given to Midwives to refer all expectant mothers to a Dental Officer for examination, and to Health Visitors to persuade the parents of all children over the age of two years to take them to a Dental Officer for periodical examination.

It was originally intended to have fourteen whole-time Dental Officers in the employment of the County Council, of whose time the equivalent of that of $4\frac{1}{2}$ officers would be given to the Care of Mothers and Young Children. As a result of difficulties in the recruitment of Dental Officers, this work has not developed in the manner which was intended, and is only undertaken as opportunity and time will allow. Medical Officers, Health Visitors and Midwives are not now encouraged to refer mothers and pre-school children to the Dental Service for examination and treatment, but all mothers asking for treatment for themselves or their children are dealt with as and when possible.

6. DOMICILIARY MIDWIFERY

(a) General Arrangements

Domiciliary midwifery services are provided by Midwives directly employed by the County Council except, as already mentioned, in the parishes of Bettws-y-crwyn, Llanfair Waterdine and Stowe, where they are provided under an arrangement with the Radnorshire County Council.

The County Council employ five whole-time Midwives in the Borough of Shrewsbury, and 80 Home Nurse-Midwives elsewhere in the County.

In addition, six private Midwives practise independently.

(b) Supervision

The supervision of all domiciliary Midwives, whether employed by the Council or in private practice, is undertaken by the County Medical Officer of Health and by the Superintendent Nursing Officer, assisted by her Deputy and two Assistant Nursing Officers.

(c) Analgesics

Practically all the Midwives employed by the County Council have been provided with, and have been trained in the use of, the Minnitt apparatus for the induction of gas/air analgesia. There are, however, five Midwives approaching the age of retirement who have, for that reason, refused training in the use of this apparatus. Gas/air analgesia is only induced when the patient has been referred to her doctor by the Midwife for completion of the necessary certificate of fitness.

(d) Ante-natal Supervision

An expectant mother who books a domiciliary Midwife to attend her confinement receives frequent supervisory visits during the ante-natal period as a matter of routine; and any Health Visitor who becomes aware of an expectant mother who has made no arrangements for her confinement is required to undertake the ante-natal supervision until a Midwife has been engaged.

(e) Admissions to hospital on "Social" Grounds

When admission to hospital for confinement is required on medical grounds, the necessary arrangements are made by the medical practitioner in attendance. When, however, admission to hospital for confinement is sought on other than medical grounds, the following procedure has been adopted at the request of the Regional Hospital Board in view of the pressure on institutional maternity accommodation.

The patient is required to make application to the County Medical Officer of Health, who arranges for the investigation of the home circumstances of the patient to be carried out, and if they are found to be such that the confinement cannot properly take place at home, arrangements for the reservation of a hospital bed are then made by the County Medical Officer through the appropriate Hospital Management Committee.

(f) Refresher Courses

Arrangements are made each year for a maximum of twelve Midwives to attend refresher courses organised by the Royal College of Midwives.

(g) Training of Pupil Midwives

The County Council have made no arrangements for the training of pupil Midwives, either directly or with other bodies.

(h) Housing of Midwives

The Council have made provision in their capital building programmes for the erection of a standard type of house in ten nursing districts—either because the accommodation is unsatisfactory, or because the Midwives own or rent their houses, and they will not be available for County Council purposes on the retirement of the Midwives.

(i) Re-organisation of Nursing Districts

Consideration has been given to the question of reducing the numbers of nursing districts by the elimination of those in which the population is too small to keep the Nurses fully employed. By the absorption of these districts into neighbouring nursing areas, their total number will ultimately be reduced from 65 to 53 with a consequent saving of £6,276 per annum in salaries of Nurses and in the provision and maintenance of cars.

By the end of 1952, half of this programme had been put into effect with a reduction in the number of nursing districts to 59.

7. HEALTH VISITING

(a) General Arrangements

In the more densely populated parts of the County all health visiting duties are carried out by full-time Health Visitors, who also undertake the domiciliary supervision of tuberculous patients and mental defectives.

In the more sparsely populated rural areas of the County, part-time visiting is undertaken by District Nurse-Midwives. Their duties in this respect are restricted to mothers and young children under school age, and the more specialised work (e.g. that relating to tuberculous persons and mental defectives) is undertaken by the whole-time Health Visitors.

A special dispensation in respect of 33 part-time Health Visitors, who do not possess the Health Visitor's Certificate, and who are therefore not qualified to undertake health visiting duties, has been granted by the Minister of Health.

After-care visits are also paid by the Health Visitors to patients whose discharge from hospital has been notified to the Local Health Authority.

(b) Training of Health Visitors

State Registered Nurses are sent by the County Council for training as Health Visitors, if they are willing to enter into a contract to remain in the service of the County Council for a period of two years after completion of their training.

During training, student Health Visitors are paid three-quarters of the minimum salary recommended for a Health Visitor by the Nurses and Midwives Whitley Council, one quarter of that minimum being held over until the trainee has passed the final examination for the Health Visitor's Certificate.

Trainees are also paid a weekly travelling allowance during their period of training, and all examination and tuition fees are paid by the Council.

(c) Refresher Courses

Provision is made each year for the attendance of a maximum of four Health Visitors at post-graduate refresher courses organised by the Royal College of Nursing.

8. HOME NURSING

(a) General Arrangements

Home Nursing services are provided in the Boroughs of Shrewsbury and Ludlow by full-time Home Nurses, but elsewhere in the County these duties are undertaken by Home Nurse-Midwives.

The Home Nurses work in close co-operation with the general medical practitioners, who refer appropriate cases to them. In the case of hospital patients who require continuation of nursing care on discharge to their own homes, advance notice is given by the hospital to the County Medical Officer of Health when arrangements are made for the attendance of a Home Nurse.

Supervision of the Home Nursing Service is carried out by the Superintendent Nursing Officer and her Assistants.

(b) Cases attended by Home Nurses

The various categories of cases attended by Home Nurses during 1952 have been classified below:

<i>Classification of Home Nursing Cases</i>						<i>Percentage of Cases</i>
Minor dressings and treatment	..	..	..	..	..	27.5
Post operation	..	..	..	..	..	5.6
Senility	..	..	..	..	..	5.0
Cardiac	..	..	..	..	..	4.8
Bronchitis	..	..	..	..	..	4.3
Cerebral haemorrhage	..	..	..	..	..	3.6
Influenza	..	..	..	..	..	3.4
Pneumonia	..	..	..	..	..	3.4
Carcinoma	..	..	..	..	..	3.2
Otitis media and otorrhoea	..	..	..	..	..	2.8
Tonsillitis	..	..	..	..	..	2.5
Anaemia	..	..	..	..	..	2.2
Boils and septic conditions	..	..	..	..	..	2.2
Arthritis	..	..	..	..	..	2.0
Diabetes	..	..	..	..	..	1.9
Constipation	..	..	..	..	..	1.5
Uterine prolapse and other conditions	..	..	..	..	..	1.4
Abdominal and intestinal disorders	..	..	..	..	..	1.4
Pessaries and douches	..	..	..	..	..	1.2
Measles	..	..	..	..	..	1.2
Infantile diarrhoea	..	..	..	..	..	0.9
Coughs and colds	..	..	..	..	..	0.9
Enemas	..	..	..	..	..	0.9
Preparation for X-Ray	..	..	..	..	..	0.9
Tuberculosis	..	..	..	..	..	0.9
Pyrexia	..	..	..	..	..	0.8
Scalds and burns	..	..	..	..	..	0.7
Infectious diseases	..	..	..	..	..	0.7
Acute rheumatism	..	..	..	..	..	0.5
Whooping Cough	..	..	..	..	..	0.4
Fractures	..	..	..	..	..	0.4
Nutritional problems	..	..	..	..	..	0.3
Other cases	..	..	..	..	..	10.6

(c) Refresher Courses

The arrangements for refresher courses, referred to under "Domiciliary Midwifery," are also applicable to Home Nurses.

(d) Training

Arrangements have been made by the County Council for State Registered Nurses to attend training courses organised by the Queen's Institute of District Nursing, if they are willing, on completion of training, to serve the Council for a period of one year.

9. VACCINATION AND IMMUNISATION**(a) Vaccination**

It is the responsibility of the Health Visitors and District Nurses to persuade the parents with whom they come into contact in the course of their ordinary duties to have their children vaccinated.

On receipt of notifications of birth from the Local Registrars, a letter with a detachable consent form is sent to the parent of each infant, offering the choice of vaccination by a private medical practitioner or by an Assistant County Medical Officer; and on the return of the consent form, arrangements are made for vaccination to be performed when the infant attains the age of four months. If a parent fails to return the consent form, the Health Visitors are informed and instructed to follow up the case.

(b) Diphtheria Immunisation

Arrangements, which are similar to those for vaccination against smallpox, are made for the immunisation of children against diphtheria in their first year of life. A letter, with a detachable consent form, is despatched when the infant reaches the age of six months, and on the return of this form arrangements are made for immunisation of the infant. In the case of a child not so immunised, a further letter is sent to the parent on the day before the child's first birthday, stressing the value of immunisation.

Arrangements for "boosting" injections of diphtheria prophylactic are made by the Assistant Medical Officers when carrying out school medical inspections. The "boosting" dose is given during the inspection if the consent of the parent has been obtained; but if not, a form is issued to the parent asking for consent to immunisation being carried out either by a private medical practitioner or by the Assistant Medical Officer at a later date.

(c) Whooping Cough

Arrangements for the immunisation of children against whooping cough have also been made by the County Council on lines similar to those for immunisation against diphtheria, but immunisation against this disease is restricted to those children whose parents make a special request to have it carried out.

The following table indicates the total numbers of children immunised against whooping cough during 1951 and 1952, and it will be seen that in 65.3 per cent. of these cases the procedure was carried out at the age of between one and two years.

Children immunised against Whooping Cough during 1951 and 1952

Year	Total	Age (Years)									
		1	1—2	2—3	3—4	4—5	5—6	6—7	7—8	8—9	9—15
1951	1,013	72	610	185	44	29	23	18	10	7	15
1952	975	67	688	97	49	24	26	16	2	1	5
TOTAL	1,988	139	1,298	282	93	53	49	34	12	8	20
Percentage	—	6.9	65.3	14.2	4.7	2.7	2.5	1.7	0.6	0.4	1.0

10. AMBULANCE SERVICE

(a) Operational Arrangements

The County Ambulance Service consists of a main Central Depot in Shrewsbury (at the present time divided into two parts) and eight subsidiary depots located at "strategic" points within the County. At each depot, other than the Central Depot, the day-to-day administration is the responsibility of a Local Ambulance Sub-Committee.

The Service is operated from a Central Ambulance Control, which is located in the County Health Office in Shrewsbury, and which is manned day and night.

(b) Trend of Service

Demands upon the Ambulance Service have shown a steady increase since the appointed day, and although the statistics for 1951 appeared to indicate that the position was then becoming stabilised, those for 1952 show a further rise in the number of journeys undertaken, of patients carried and of total mileage covered, as will be seen from the following table:—

Year	Journeys	Patients	Mileage	Mileage per Patient
1949	16,952	21,926	622,045	28.4
1950	19,814	30,434	740,559	24.3
1951	23,159	34,476	730,124	21.2
1952	24,401	41,250	783,717	19.0

(c) Use of Service

Hospitals and medical practitioners, Midwives and Home Nurses, and others directly or indirectly connected with the Ambulance Service, have been instructed, when an ambulance or sitting-case car is required, to communicate directly with Central Control, and to give when possible forty-eight hours' notice of their requirements. If this instruction were more fully complied with, it would be possible to co-ordinate to a greater extent the various demands which are made upon the Service, and to operate it with a greater measure of economy.

The hospitals in Shropshire are mainly under the control of the Shrewsbury No. 15 Group Hospital Management Committee, and a Bed Bureau has been established at the Royal Salop Infirmary where the Officer-in-charge of the Bureau acts as transport liaison officer for the Group.

(d) Development

(i) Premises

A new Central Ambulance Depot is in course of construction in Shrewsbury, and proposals have been submitted to the Minister of Health for the erection of a new Ambulance Sub-Depot at Oswestry.

(ii) Equipment

For use in the conveyance of premature infants to hospital, a Mobile Baby Unit with oxygen equipment, modified for use in an ambulance, has just been delivered.

(iii) Radio-Telephony

With the object of increasing the efficiency of the Service and, ultimately, of achieving a saving both in vehicles and manpower, the County Council have approved in principle a proposal to equip a number of ambulances with radio-telephony equipment. The technical problems arising from this matter are at present under investigation.

11. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) Tuberculosis

The after-care of persons suffering from tuberculosis is undertaken by the whole-time Health Visitors, who work in close co-operation with the Chest Physicians. Patients are visited at regular intervals in accordance with the requirements of the Chest Physicians, and the Health Visitors are responsible for ensuring the attendance of patients and contacts for examination at the Chest Clinics.

In the quarterly reports which the Health Visitors are required to make to the County Medical Officer of Health, notice is drawn to domiciliary patients whose housing conditions are unsatisfactory. In appropriate cases the District Councils are asked to provide alternative accommodation, but when conditions can be improved by the use of an open-air shelter this is provided by the County Council.

Close liaison is maintained with the National Assistance Board to ensure that persons suffering from respiratory tuberculosis who are entitled to special assistance receive help in accordance with their requirements. Cases who are not so entitled (non-respiratory cases and those who have not given up employment in order to undergo treatment) are provided by the County Council with extra nourishment, bedding, etc.

In appropriate cases, arrangements are made for B.C.G. vaccination of child contacts, and when special arrangements are necessary for the segregation of such cases the assistance of the Children's Officer is sought.

Under arrangements with the Regional Hospital Board, a Mass Radiography Unit visited this County in 1952, and further visits will be arranged as opportunity permits.

(b) General

(i) *Discharged Hospital Patients*

Patients requiring nursing care on discharge from hospital are notified to the County Medical Officer of Health under an arrangement made by the Regional Hospital Board, and the necessary attention is then provided through the Home Nursing Service.

(ii) *Loan Equipment*

All Home Nurses and Midwives hold a small supply of minor items of sick room equipment, which are issued on loan to patients being nursed at home; larger items of equipment, such as wheel chairs, air beds, etc., are held centrally at the County Health Office, and these are also issued on loan in necessitous cases. A small weekly charge, according to assessment, is made in the case of those patients who are in a position to pay.

(iii) *Recuperative Convalescence*

Patients, not requiring medical or nursing care, who are recommended by their medical practitioner for a short convalescent holiday involving no more than rest, good food, fresh air and regular hours, are sent to suitable convalescent homes. Financial responsibility is accepted by the County Council, but patients are required to contribute towards the cost of their convalescence in accordance with their financial circumstances.

12. DOMESTIC HELP

This Service was originally operated on behalf of the County Council by the Shropshire Branch of the Women's Voluntary Services, under the general direction and control of the County Medical Officer of Health. On 1st April, 1952, in accordance with the Council's scheme for this Service, it was taken over and operated directly by the Council from that date.

There are nine Domestic Help offices, the largest of which is located in the County Health Department in Shrewsbury. The other eight are located in the more populous urban areas, and with the exception of one office, where a voluntary worker is in charge, paid clerical assistants are employed; they are responsible for the day-to-day operation of the Service, and for the recovery from householders to whom home help has been supplied of charges made in accordance with their means.

Both whole-time and part-time Home Helps are employed and, to meet the requirements of specific cases in the most sparsely populated rural areas of the County, demands for domestic assistance are met by the employment of "occasional" Home Helps.

No arrangements have so far been made for special training for Home Helps, but all Home Helps receive wages in accordance with the national scales of the Joint Industrial Council.

13. HEALTH EDUCATION

(a) General

In matters relating to Health Education reliance has been placed mainly upon the distribution of posters and leaflets obtained from the Central Council for Health Education, and in talks by Medical Officers and Health Visitors to mothers attending Welfare Centres.

No action has been taken, therefore, to prepare posters or leaflets for special use in this County; and no special emphasis has been placed upon propaganda relating to accidents in the home, although this subject is one which is dealt with by the Health Visitors in their talks at Welfare Centres.

(b) Film Displays

Film displays are arranged periodically at those Welfare Centres which are equipped with electricity and also at other suitable premises.

Arrangements are also made with cinema managements throughout the County for the showing of short films and trailers relating to Diphtheria Immunisation, Mass Radiography and other such matters.

(c) Lectures

Lectures on subjects such as mothercraft are given by members of the Superintendent Nursing Staff to Parents' Clubs and Women's Institutes, and to groups of final year pupils.

(d) Advertisements

Use is also made of the press and of advertisement hoardings to bring to the notice of the public the services and facilities available for the promotion of health.

14. MENTAL HEALTH

(a) Administration

(i) *Committee Responsible*

The various functions of the County Council relating to the Mental Health Service are discharged by the Health Committee through the medium of the Health (General Purposes) Sub-Committee, which meets monthly.

(ii) *Staff*

On 31st December, 1952, the staff employed in the Mental Health Service were as follows:—

County Medical Officer
Deputy County Medical Officer
7 Assistant Medical Officers
Petitioning Officer under the Mental Deficiency Acts
Deputy Petitioning Officer
Principal Duly Authorised Officer (who is also a Petitioning Officer)
Duly Authorised Officer
Superintendent Nursing Officer (who is also a Duly Authorised Officer)
Assistant Superintendent Nursing Officer (who is also a Duly Authorised Officer)
24 Health Visitors

Apart from members of the medical and nursing staff, the personnel engaged in mental health work have no special qualifications.

The appointment of an Occupational Therapist has recently been approved by the County Council and action is being taken to fill this post.

(iii) *Co-ordination with Hospital Authorities*

In addition to their normal duties, the Health Visitors undertake, on behalf of Regional Hospital Boards and Hospital Management Committees, the periodic visiting of patients licensed from institutions for mental defectives to the care of persons resident in this County.

Psychiatric Social Workers employed by the No. 15 Hospital Management Committee undertake, on behalf of the County Council, the after-care of patients immediately following their discharge from mental hospital. Selected cases are, however, subsequently referred to the County Council health visiting staff for domiciliary supervision.

(iv) No duties in connection with the Mental Health Services have been delegated to Voluntary Associations.

(v) No arrangements have so far been initiated for the training of staff.

(b) Account of work undertaken in the Community

(i) It has not so far been possible to make special provision for the prevention of mental illness, but Psychiatric Clinics, to which early cases are referred by medical practitioners, are held in a number of County Council Welfare Centres and attended by members of the staff of the No. 15 Hospital Management Committee.

(ii) There is a Principal Duly Authorised Officer and a Duly Authorised Officer, by whom arrangements are made for admission to hospital of persons of unsound mind, and of other persons requiring in-patient treatment under the Lunacy and Mental Treatment Acts.

(iii) *Under the Mental Deficiency Acts, 1913—1938*

(a) Mental defectives are ascertained principally as a result of the notification of such cases by the Local Education Authority in accordance with the requirements of Section 57 of the Education Act, 1944; but other cases are referred by medical practitioners, hospitals, the County Welfare Officer, and officers of the Council's medical and nursing staff.

The domiciliary supervision of mental defectives is carried out by the County Council's Health Visitors, who visit and report upon all such cases once during each quarter.

(b) Of the mental defectives under guardianship care, for whose supervision the County Council are responsible, only two are actually resident in the County; two are under the supervision of the Brighton Guardianship Society and six by other Local Health Authorities.

(c) Arrangements have been made, at the Wellington Welfare Centre, for the opening of a weekly occupation class for ineducable mentally defective children between the ages of 5 and 16 years. This class will be supervised, in the first instance, by the Health Visitor in charge of the Centre, until such time as an Occupational Therapist (whose appointment has recently been approved), is available to take over this duty.

It is anticipated that, at a later date, a properly staffed and fully equipped Occupation Centre will be established in the Wellington area.

